

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322	4. Contact Name: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC	Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-12640-00	6. County: WELD
7. Well Name: BROWN DAVEE	Well Number: 2-34
8. Location: QtrQtr: SWNE Section: 34 Township: 6N Range: 66W Meridian: 6	
9. Field Name: BRACEWELL	Field Code: 7487

Completed IntervalFORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 08/31/2011Date of First Production this formation: 10/10/2011Perforations Top: 6860 Bottom: 7175 No. Holes: 57 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell perms 7163-7175.
Tri-Frac'd Codell w/ 132,831 gals of Slick Water and Vistar 28
Commingled Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/14/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 120 Bbls H2O: 3Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 120 Bbls H2O: 3 GOR: 24000Test Method: Flowing Casing PSI: 500 Tubing PSI: 500 Choke Size: 48Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 55Tubing Size: 2 + 3/8 Tubing Setting Depth: 7147 Tbg setting date: 09/06/2011 Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARAStatus: COMMINGLEDTreatment Date: 08/31/2011

Date of First Production this formation: _____

Perforations Top: 6860 Bottom: 6999 No. Holes: 9 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Andrea RawsonTitle: Regulatory Specialist Date: _____ Email: arawson@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)