

FORM  
5A

Rev  
02/08

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:

400262761

Date Received:

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

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: Andrea Rawson

Phone: (303) 228-4253

Fax: (303) 228-4286

5. API Number 05-123-23255-00

7. Well Name: STATE M

8. Location: QtrQtr: SWNW Section: 36 Township: 6N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 36-5

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 11/15/2011

Date of First Production this formation: 12/20/2011

Perforations Top: 7031 Bottom: 7048 No. Holes: 68 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Re-Frac'd Codell w/ 132,628 gals of Slick Water and Vistar 24/25/26 with 248,555#'s of Ottawa sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 01/06/2012 Hours: 24 Bbls oil: 1 Mcf Gas: 7 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 7 Bbls H2O: 1 GOR: 7000

Test Method: Flowing Casing PSI: 361 Tubing PSI: 336 Choke Size: 48

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1310 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7015 Tbg setting date: 11/17/2011 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:

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 Rawson

Title: Regulatory Specialist

Date:

Email: arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400262765	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)