

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:

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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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-10039-00
6. County: WELD
7. Well Name: JACK BERGER GU "C"
Well Number: 2
8. Location: QtrQtr: SWSE Section: 3 Township: 1N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 04/23/2010 Date of First Production this formation: 06/10/2010
Perforations Top: 7658 Bottom: 7670 No. Holes: 48 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

Codell Refrac
Re-Frac'd Codell w/ 132134 gals Vistar and Slick Water with 243380 lbs Ottawa sand

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

Test Information:

Date: 06/22/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 43 Bbls H2O: 6
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 43 Bbls H2O: 6 GOR: 4300
Test Method: Flowing Casing PSI: 720 Tubing PSI: 700 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1167 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7643 Tbg setting date: 04/28/2010 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: <u>J SAND</u>			Status: <u>SHUT IN</u>		
Treatment Date: <u>04/05/2010</u>		Date of First Production this formation: <u>01/28/1981</u>			
Perforations	Top: <u>8096</u>	Bottom: <u>8126</u>	No. Holes: <u>120</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
There is a retrievable bridge plug over the J-Sand					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:					
Bridge plug run 4/7/10 7803'-7807'					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@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: _____