

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:

400175814

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 05-123-15001-00
6. County: WELD
7. Well Name: MILLER
Well Number: 1-14
8. Location: QtrQtr: SESE Section: 14 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/24/2011 Date of First Production this formation: 02/27/1992
Perforations Top: 7262 Bottom: 7282 No. Holes: 86 Hole size:

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

Codell trifrac
Frac'd Codell w/124566 gals Vistar and Slick Water with 245500 lbs Ottawa sand

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:

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 03/24/2011 Date of First Production this formation: 02/27/1992

Perforations Top: 7061 Bottom: 7276 No. Holes: 92 Hole size: _____

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

Codell trifrac
Codell & Niobrara are commingled

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

Test Information:

Date: 05/13/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 88 Bbls H2O: 1

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 88 Bbls H2O: 1 GOR: 44000

Test Method: Flowing Casing PSI: 456 Tubing PSI: 408 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1309 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7246 Tbg setting date: 03/26/2011 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: NIOBRARA Status: PRODUCING

Treatment Date: 03/24/2011 Date of First Production this formation: 02/27/1992

Perforations Top: 7061 Bottom: 7141 No. Holes: 6 Hole size: _____

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

Nothing new happened in Niobrara during Codell trifrac

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: 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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)