

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:

400108996

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

5. API Number 05-123-24790-00 6. County: WELD
7. Well Name: WASTE MANAGEMENT USX Y Well Number: 03-05
8. Location: QtrQtr: SWNW Section: 3 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 10/13/2010 Date of First Production this formation: 10/15/2010
Perforations Top: 7014 Bottom: 7028 No. Holes: 56 Hole size: 41/100

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

Codell recompleate
Codell is producing through composite flow through plug
Frac'd Codell w/132813 gals Silverstim, Acid, and Slick Water with 269460 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: <u>J-NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/13/2010</u>		Date of First Production this formation: <u>10/15/2010</u>	
Perforations	Top: <u>6786</u> Bottom: <u>7500</u>	No. Holes: <u>176</u>	Hole size: <u> </u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Codell/Niobrara recomplete J Sand, Codell, and Niobrara are commingled			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>10/22/2010</u>	Hours: <u>24</u>	Bbls oil: <u>50</u>	Mcf Gas: <u>107</u> Bbls H2O: <u>27</u>
Calculated 24 hour rate:		Bbls oil: <u>50</u>	Mcf Gas: <u>107</u> Bbls H2O: <u>27</u> GOR: <u>2140</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>350</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1316</u>	API Gravity Oil: <u>47</u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>	

FORMATION: <u>J SAND</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>10/13/2010</u>		Date of First Production this formation: <u>08/30/2007</u>	
Perforations	Top: <u>7468</u> Bottom: <u>7500</u>	No. Holes: <u>72</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J Sand producing through cast iron flow through plug; nothing else new in J Sand during Niobrara/Codell recomplete.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u> </u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:		Bbls oil: <u> </u>	Mcf Gas: <u> </u> Bbls H2O: <u> </u> GOR: <u> </u>
Test Method: <u> </u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>
Gas Disposition: <u> </u>	Gas Type: <u> </u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>	

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 10/13/2010 Date of First Production this formation: 10/15/2010

Perforations Top: 6786 Bottom: 6890 No. Holes: 48 Hole size: 73/100

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

Niobrara recomplete
Frac'd Niobrara w/175156 gals Silverstim, Acid, and Slick Water with 250060 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: _____

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

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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: _____