

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 05-123-25178-00  
6. County: WELD  
7. Well Name: FERGUSON B  
Well Number: 23-22  
8. Location: QtrQtr: SWNE Section: 23 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/24/2011 Date of First Production this formation: 07/20/2007  
Perforations Top: 6678 Bottom: 6690 No. Holes: 48 Hole size: 41/100

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

Codell refrac  
Frac'd Codell w/131087 gals Vistar 24, Vistar 25, Vistar 26, and Slick Water with 245460 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: PRODUCING

Treatment Date: 06/24/2011 Date of First Production this formation: 07/20/2007

Perforations Top: 6394 Bottom: 6690 No. Holes: 168 Hole size:

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

Codell & Niobrara are commingled

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

**Test Information:**

Date: 07/08/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 113 Bbls H2O: 10

Calculated 24 hour rate:  Bbls oil: 18 Mcf Gas: 113 Bbls H2O: 10 GOR: 6278

Test Method: Flowing Casing PSI: 850 Tubing PSI: 850 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1354 API Gravity Oil: 57

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6662 Tbg setting date: 06/28/2011 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: COMMINGLED

Treatment Date: 06/24/2011 Date of First Production this formation: 07/20/2007

Perforations Top: 63394 Bottom: 6506 No. Holes: 120 Hole size: 42/100

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

Nothing new happened in Niobrara during Codell refrac

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**

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

Total: 0 comment(s)