

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

4. Contact Name: Andrea Rawson

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4253

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-22308-00

6. County: WELD

7. Well Name: LOT O

Well Number: 23-25

8. Location: QtrQtr: SWSW Section: 23 Township: 4N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 05/26/2011

Date of First Production this formation: 05/30/2011

Perforations Top: 7169 Bottom: 7289 No. Holes: 160 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell perms 7269-7289 (80 shots). Re-Frac'd Codell w/ 126,594 gals of Slick Water and Vistar with 241,500#'s of Ottawa sand. Commingle Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 06/17/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 122 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 122 Bbls H2O: 5 GOR: 8133

Test Method: Flowing Casing PSI: 340 Tubing PSI: 302 Choke Size: 32

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7258 Tbg setting date: 06/08/2011 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: 05/26/2011

Date of First Production this formation:

Perforations Top: 7169 Bottom: 7189 No. Holes: 80 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐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: Andrea Rawson

Title: Regulatory Specialist Date: Email arawson@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)