

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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**COMPLETED INTERVAL REPORT**

Document Number:

400235872

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: <u>100322</u>	4. Contact Name: <u>Andrea Rawson</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-12640-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BROWN DAVEE</u>	Well Number: <u>2-34</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>34</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>BRACEWELL</u> Field Code: <u>7487</u>	

### Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/31/2011 Date of First Production this formation: 10/10/2011

Perforations Top: 6860 Bottom: 7175 No. Holes: 57 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Codell perms 7163-7175.  
Tri-Frac'd Codell w/ 132,831 gals of Slick Water and Vistar 28  
Commingled Codell and Niobrara.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 10/14/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 120 Bbls H2O: 3

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 5 Mcf Gas: 120 Bbls H2O: 3 GOR: 24000

Test Method: Flowing Casing PSI: 500 Tubing PSI: 500 Choke Size: 48

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7147 Tbg setting date: 09/06/2011 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: 08/31/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6860 Bottom: 6999 No. Holes: 9 Hole size: \_\_\_\_\_

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)