

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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: Marilyn Tucker
Phone: (970) 304-5262
Fax: (970) 304-5099
Email: marilyn.tucker@nblenergy.com

5. API Number 05-123-13827-00
6. County: WELD
7. Well Name: ACHZIGER
Well Number: B5-9
8. Location: QtrQtr: NESE Section: 5 Township: 5N Range: 64W Meridian: 6
9. Field Name: KERSEY Field Code: 44600

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/18/1988 End Date: 03/18/1988 Date of First Production this formation: 03/22/1988

Perforations Top: 6853 Bottom: 6861 No. Holes: 6 Hole size: 38

Provide a brief summary of the formation treatment: Open Hole: []

Filing Form5A one was never filed after completion report to verify perf intervals.

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl):
Max pressure during treatment (psi):
Total gas used in treatment (mcf):
Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment:
Min frac gradient (psi/ft):
Total acid used in treatment (bbl):
Number of staged intervals:
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl):
Fresh water used in treatment (bbl):
Disposition method for flowback:
Total proppant used (lbs):
Rule 805 green completion techniques were utilized: []
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Marilyn Tucker

Title: Engineering Tech Date: _____ Email: marilyn.tucker@nblenergy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400839187	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)