

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:

2554317

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: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30810-00 6. County: WELD
7. Well Name: OLIN STATE L Well Number: 16-20
8. Location: QtrQtr: NESW Section: 16 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/23/2010</u>		Date of First Production this formation: <u>03/26/2010</u>	
Perforations	Top: <u>7378</u> Bottom: <u>7394</u>	No. Holes: <u>64</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>FRAC'D CODELL W/ 134064 GALS SILVERSTIM AND SLICK WATER WITH 269,458#'S OTTAWA SAND. CODELL IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/23/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7140</u> Bottom: <u>7880</u>	No. Holes: <u>200</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
COMMINGLE CODELL/NIOBRARA/J-SAND			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>04/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>66</u>	Mcf Gas: <u>881</u> Bbls H2O: <u>78</u>
Calculated 24 hour rate:		Bbls oil: <u>66</u>	Mcf Gas: <u>881</u> Bbls H2O: <u>78</u> GOR: <u>13348</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1750</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>60</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/23/2010</u>		Date of First Production this formation: <u>03/26/2010</u>	
Perforations	Top: <u>7836</u> Bottom: <u>7880</u>	No. Holes: <u>88</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
FRAC'D J-SAND W/ 156072 GALS SILVERSTIM AND SLICK WATER WITH 282,500#'S OTTAWA SAND. J-SAND IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/23/2010 Date of First Production this formation: 03/26/2010

Perforations Top: 7140 Bottom: 7236 No. Holes: 48 Hole size: 72/100

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

FRAC'D NIOBRARA W/ 174552 GALS SILVERSTIM AND SLICK WATER WITH 250,000#'S 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: EILEEN ROBERTS

Title: REGULATORY SPECIALIST Date: 5/14/2010 Email EROBERTS@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: David S. Neslin Director of COGCC Date: 9/17/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554317	FORM 5A SUBMITTED	LF@2500428 2554317

Total Attach: 1 Files