

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2554602

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: _____
3. Address: 1625 BROADWAY STE 2200 Fax: _____
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30800-00 6. County: WELD
7. Well Name: ZANE ALTER C Well Number: 09-21
8. Location: QtrQtr: NESW Section: 9 Township: 4N Range: 64W Meridian: 6

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 02/22/2010 Date of First Production this formation: 02/26/2010
Perforations Top: 6861 Bottom: 6874 No. Holes: 52 Hole size: 41/100

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

FRACD CODELL WITH 133786 GALS OF SILVERSTIM AND SLICK WATER WITH 270240 #S OF 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: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>02/22/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6596</u>	Bottom: <u>6874</u>	No. Holes: <u>124</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>COMMINGLE CODELL/NIOBRARA</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>03/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>50</u>	Mcf Gas: <u>260</u>	Bbls H2O: <u>21</u>	
Calculated 24 hour rate:		Bbls oil: <u>50</u>	Mcf Gas: <u>260</u>	Bbls H2O: <u>21</u>	GOR: <u>5200</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1000</u>	Tubing PSI: <u>530</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1304</u>	API Gravity Oil: <u>53</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____					
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>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/22/2010</u>		Date of First Production this formation: <u>02/26/2010</u>			
Perforations	Top: <u>6596</u>	Bottom: <u>6762</u>	No. Holes: <u>72</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>FRACD NIOBRARA WITH 272302 GALS OF SILVERSTIM AND SLICK WATER WITH 399880 #S OF OTTAWA SAND.</u>					
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: _____					
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: _____			

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: REG SPECILAIST Date: 5/24/2010 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: 9/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554602	FORM 5A SUBMITTED	LF@2500900 2554602

Total Attach: 1 Files