

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**

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: Andrea Rawson  
Phone: (303) 228-4253  
Fax: (303) 228-4286

5. API Number 05-123-20421-00  
6. County: WELD  
7. Well Name: JURGENS  
Well Number: 8-13  
8. Location: QtrQtr: SWNE Section: 8 Township: 5N Range: 64W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 06/11/2010 Date of First Production this formation: 06/11/2010  
Perforations Top: 6530 Bottom: 6832 No. Holes: 136 Hole size:

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

Commingled Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 06/25/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 103 Bbls H2O: 9  
Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 103 Bbls H2O: 9 GOR: 3433  
Test Method: Flowing Casing PSI: 800 Tubing PSI: 400 Choke Size: 18  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 58  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6803 Tbg setting date: 06/10/2010 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: \_\_\_\_\_