

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:

400097910

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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30117-00 6. County: WELD
7. Well Name: GLOVER V Well Number: 12-27D
8. Location: QtrQtr: NWNE Section: 12 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>06/07/2010</u>	Date of First Production this formation: <u>06/24/2010</u>
Perforations Top: <u>7438</u> Bottom: <u>7454</u>	No. Holes: <u>64</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac'd Codell w/131038 gals Vistar and Slick Water with 269920 lbs 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: _____	

FORMATION: <u>J-NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>06/01/2010</u>		Date of First Production this formation: <u>06/24/2010</u>			
Perforations	Top: <u>7234</u>	Bottom: <u>7920</u>	No. Holes: <u>236</u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Codell, Niobrara, and J-Sand are commingled					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>06/29/2010</u>	Hours: <u>24</u>	Bbls oil: <u>38</u>	Mcf Gas: <u>327</u>	Bbls H2O: <u>40</u>	
Calculated 24 hour rate:		Bbls oil: <u>38</u>	Mcf Gas: <u>327</u>	Bbls H2O: <u>40</u>	GOR: <u>8605</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>800</u>	Tubing PSI: <u>425</u>	Choke Size: <u>16/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1237</u>	API Gravity Oil: <u>47</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7839</u>	Tbg setting date: <u>06/21/2010</u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

FORMATION: <u>J SAND</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>06/01/2010</u>		Date of First Production this formation: <u>06/24/2010</u>			
Perforations	Top: <u>7880</u>	Bottom: <u>7920</u>	No. Holes: <u>124</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/144123 gals Vistar and Slick Water with 280300 lbs Ottawa sand and SB Excel					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u> </u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	
Calculated 24 hour rate:		Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	GOR: <u> </u>
Test Method: <u> </u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>		
Gas Disposition: <u> </u>	Gas Type: <u> </u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>		
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 06/11/2010 Date of First Production this formation: 06/24/2010

Perforations Top: 7234 Bottom: 7324 No. Holes: 48 Hole size: 73/100

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

Frac'd Niobrara w/174246 gals Vistar and Slick Water with 249500 lbs 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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email JDGarrett@nobleenergyinc.com

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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: _____