

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:

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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: Justin Garrett  
Phone: (303) 228-4449  
Fax: (303) 228-4286

5. API Number 05-123-17001-00  
6. County: WELD  
7. Well Name: PARKER BLUE  
Well Number: D 23-3J  
8. Location: QtrQtr: NWSW Section: 23 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 08/11/2010 Date of First Production this formation: 09/12/1994  
Perforations Top: 6760 Bottom: 6998 No. Holes: 174 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
Codell & Niobrara are commingled  
Nothing new happened to the Codell during Niobrara refrac

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

**Test Information:**

Date: 08/27/2010 Hours: 24 Bbls oil: 22 Mcf Gas: 33 Bbls H2O: 22  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 22 Mcf Gas: 33 Bbls H2O: 22 GOR: 1500  
Test Method: Flowing Casing PSI: 1560 Tubing PSI: 800 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1321 API Gravity Oil: 50  
Tubing Size: 2 + 1/16 Tubing Setting Depth: 6943 Tbg setting date: 08/19/2010 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: \_\_\_\_\_

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>08/11/2010</u>		Date of First Production this formation: <u>09/12/1994</u>			
Perforations	Top: <u>6760</u>	Bottom: <u>6864</u>	No. Holes: <u>118</u>	Hole size: <u>27/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Niobrara Refrac Frac'd Niobrara w/170570 gals Vistar and Acid with 250100 lbs Ottawa sand					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
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: Justin Garrett

Title: Regulatory Specailist Date: \_\_\_\_\_ Email JDGarrett@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: \_\_\_\_\_