

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 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 05-123-28036-00 6. County: WELD
7. Well Name: SCHAAL Well Number: 20-43
8. Location: QtrQtr: SWSE Section: 20 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 12/30/2008 Date of First Production this formation: 05/07/2010
Perforations Top: 5600 Bottom: 5919 No. Holes: 336 Hole size: _____
Provide a brief summary of the formation treatment: Open Hole: ☐
Codell 5894'-5919' 12/30/08
Niobrara 5600'-5778' 12/30/08
Codell & Niobrara are commingled
Well drilled in 2008, just now turned on

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

Test Information:

Date: 05/10/2010 Hours: 24 Bbls oil: 111 Mcf Gas: 0 Bbls H2O: 70
Calculated 24 hour rate: Bbls oil: 111 Mcf Gas: 0 Bbls H2O: 70 GOR: 0
Test Method: Flowing Casing PSI: 820 Tubing PSI: 480 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5863 Tbg setting date: 12/18/2009 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: _____