

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:

400102986

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 05-123-19494-00 6. County: WELD
7. Well Name: WELCH B Well Number: 28-11
8. Location: QtrQtr: NESW Section: 28 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/07/2010</u>		Date of First Production this formation: <u>04/08/1998</u>	
Perforations	Top: <u>6536</u>	Bottom: <u>6829</u>	No. Holes: <u>250</u> Hole size: <u> </u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Nothing new happened in Codell during Niobrara refrac and casing repair Codell & Niobrara are commingled</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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: <div> </div>			
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: 07/07/2010 Date of First Production this formation: 04/08/1998

Perforations Top: 6536 Bottom: 6652 No. Holes: 170 Hole size: 27/100

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

Niobrara refrac and casing repair
Frac'd Niobrara w/170877 gals Vistar, Acid, and Slick Water with 248840 lbs Ottawa sand

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

Test Information:

Date: 07/29/2010 Hours: 24 Bbls oil: 37 Mcf Gas: 106 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 37 Mcf Gas: 106 Bbls H2O: 3 GOR: 2865

Test Method: Flowing Casing PSI: 600 Tubing PSI: 500 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1288 API Gravity Oil: 51

Tubing Size: 2 + 1/16 Tubing Setting Depth: 6789 Tbg setting date: 07/16/2010 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: 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: _____