

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 05-123-15992-00
6. County: WELD
7. Well Name: SPIKE ST. GWS
Well Number: D 28-12
8. Location: QtrQtr: NWSW Section: 28 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 08/04/2010 Date of First Production this formation: 10/10/1992
Perforations Top: 7010 Bottom: 7020 No. Holes: 68 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
Codell refrac
Frac'd Codell w/129150 gals Vistar and Slick Water with 245537 lbs Ottawa sand

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

Test Information:

Date: 10/01/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 10 Bbls H2O: 2
Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 10 Bbls H2O: 2 GOR: 1000
Test Method: Flowing Casing PSI: 1350 Tubing PSI: 1275 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1326 API Gravity Oil: 50
Tubing Size: 2 + 1/16 Tubing Setting Depth: 6979 Tbg setting date: 08/09/2010 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: _____