

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:

400095918

**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 05-123-30753-00 6. County: WELD  
7. Well Name: PLUSS L Well Number: 11-20D  
8. Location: QtrQtr: SENW Section: 11 Township: 3N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>08/17/2010</u>	Date of First Production this formation: <u>08/19/2010</u>
Perforations Top: <u>7430</u> Bottom: <u>7445</u>	No. Holes: <u>60</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Codell producing through composite flow through plugs Frac'd Codell w/132609 gals of Vistar, Acid, and Slick Water with 270620 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: _____

FORMATION: <u>J-NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/17/2010</u>		Date of First Production this formation: <u>08/19/2010</u>			
Perforations	Top: <u>7200</u>	Bottom: <u>7927</u>	No. Holes: <u>188</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Coell, Niobrara, and J-Sand are commingled					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>08/27/2010</u>	Hours: <u>24</u>	Bbls oil: <u>18</u>	Mcf Gas: <u>454</u>	Bbls H2O: <u>750</u>	
Calculated 24 hour rate:		Bbls oil: <u>18</u>	Mcf Gas: <u>454</u>	Bbls H2O: <u>750</u>	GOR: <u>25222</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>750</u>	Tubing PSI: <u>750</u>	Choke Size: <u>12/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1215</u>	API Gravity Oil: <u>58</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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 SAND</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>08/17/2010</u>		Date of First Production this formation: <u>08/19/2010</u>			
Perforations	Top: <u>7907</u>	Bottom: <u>7927</u>	No. Holes: <u>80</u>	Hole size: <u>41/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
J-Sand producing through composite flow through plugs Frac'd J-Sand w/144594 gals Silverstim and Slick Water with 280120 lbs Ottawa sand and SB Excel					
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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: NIOBRARA Status: COMMINGLED

Treatment Date: 08/17/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 7200 Bottom: 7294 No. Holes: 48 Hole size: 73/100

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

Frac'd Niobrara w/175118 gals Vistar and Slick Water with 248001 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: \_\_\_\_\_