

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



DE ET OE ES

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

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 05-123-17131-00

6. County: WELD

7. Well Name: ESTES D

Well Number: 27-7

8. Location: QtrQtr: SWNE Section: 27 Township: 3N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 07/28/2010

Date of First Production this formation: 07/26/1993

Perforations Top: 6988 Bottom: 7001 No. Holes: 101 Hole size: 27/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell refrac
Frac'd Codell w/125277 gals Vistar and Slick Water with 246000 lbs Ottawa sand

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

Test Information:

Date: 10/22/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 18 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 18 Bbls H2O: 1 GOR: 3600

Test Method: Flowing Casing PSI: 1400 Tubing PSI: 1400 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1393 API Gravity Oil: 58

Tubing Size: 1.66 Tubing Setting Depth: 6939 Tbg setting date: 08/03/2010 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: _____