

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:

2555454

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: ANDREA RAWSON
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-10740-00 6. County: WELD
7. Well Name: CROISSANT Well Number: 1-27
8. Location: QtrQtr: SWNW Section: 27 Township: 6N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 02/10/2010 Date of First Production this formation: 03/22/2010
Perforations Top: 7123 Bottom: 7141 No. Holes: 36 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole: ☐
RE-FRAC'D CODELL W/130,980 GALS OF SLICKWATER AND VISTAR WITH 242,000#S OF OTTAWA SAND.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/26/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 15 Bbls H2O: 1
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 15 Bbls H2O: 1 GOR: 7500
Test Method: FLOWING Casing PSI: 480 Tubing PSI: 480 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1227 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7086 Tbg setting date: 02/16/2010 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: ANDREA RAWSON
Title: REGULATORY Date: 6/2/2010 Email ARAWSON@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: David G. Neslin Director of COGCC Date: 11/22/2010

Attachment Check List

Att Doc Num	Name
2555454	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)