

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:

2555422

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: ANDREA RAWSON
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-22077-00
6. County: WELD
7. Well Name: SAMUEL J
Well Number: 7-10
8. Location: QtrQtr: NWSE Section: 7 Township: 5N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 03/16/2010 Date of First Production this formation: 03/19/2010
Perforations Top: 7303 Bottom: 7317 No. Holes: 56 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
RE-FRAC'D CODELL W/128,142 GALS OF VISTAR WITH 243,000#S OF OTTAWA SAND.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/26/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 133 Bbls H2O: 8
Calculated 24 hour rate: _____ Bbls oil: 11 Mcf Gas: 133 Bbls H2O: 8 GOR: 12090
Test Method: FLOWING Casing PSI: 480 Tubing PSI: 200 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 62
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7290 Tbg setting date: 02/23/2010 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

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
2555422	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)