

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 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 05-123-14447-00 6. County: WELD
7. Well Name: EAST ERIE Well Number: 2-17 #1
8. Location: QtrQtr: NENW Section: 17 Township: 1N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>10/01/2010</u>	Date of First Production this formation: <u>10/05/2010</u>
Perforations Top: <u>7855</u> Bottom: <u>7869</u>	No. Holes: <u>56</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell recomplete 10/1/10; commingled w/ J Sand after recompletion</u> <u>Frac'd Codell w/129943 gals Vistar and Slick Water with 269800 lbs Ottawa sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: J-CODELL Status: PRODUCING

Treatment Date: 10/01/2010 Date of First Production this formation: 10/05/2010

Perforations Top: 7855 Bottom: 8314 No. Holes: 132 Hole size:

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

Codell & Niobrara are commingled

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

Test Information:

Date: 10/26/2010 Hours: 24 Bbls oil: 6 Mcf Gas: 12 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 12 Bbls H2O: 2 GOR: 2000

Test Method: Flowing Casing PSI: 714 Tubing PSI: 560 Choke Size: 32/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8278 Tbg setting date: 10/12/2010 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:

FORMATION: J SAND Status: COMMINGLED

Treatment Date: 10/01/2010 Date of First Production this formation: 01/05/1990

Perforations Top: 8295 Bottom: 8314 No. Holes: 76 Hole size:

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

J Sand was under sand plug and RBP for Codell recomplete; removed sand plug and RBP to commingle

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

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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)