

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:

400111760

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 05-123-22744-00 6. County: WELD
7. Well Name: DUNBAR Well Number: 18-31
8. Location: QtrQtr: NESW Section: 18 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>10/28/2010</u>	Date of First Production this formation: <u>05/18/2005</u>
Perforations Top: <u>7200</u> Bottom: <u>7218</u>	No. Holes: <u>72</u> Hole size: <u> </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>Codell refrac Frac'd Codell w/127585 gals Vistar and Slick Water with 242760 lbs Ottawa sand</div>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u> </u> Hours: <u> </u>	Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:	Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u> GOR: <u> </u>
Test Method: <u> </u>	Casing PSI: <u> </u> Tubing PSI: <u> </u> Choke Size: <u> </u>
Gas Disposition: <u> </u>	Gas Type: <u> </u> BTU Gas: <u> </u> API Gravity Oil: <u> </u>
Tubing Size: <u> </u> Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u> Packer Depth: <u> </u>
Reason for Non-Production: <div></div>	
Date formation Abandoned: <u> </u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>	Sacks cement on top: <u> </u>

FORMATION: NIOBRARA-CODELL	Status: PRODUCING
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Treatment Date:	10/28/2010	Date of First Production this formation:	05/18/2005
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Perforations	Top:	6998	Bottom:	7218	No. Holes:	152	Hole size:
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Provide a brief summary of the formation treatment: Open Hole: ☐

Nothing new happened in Niobrara during Codell refrac
Codell & Niobrara are commingled

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

Test Information:

Date:	Hours:	24	Bbls oil:	45	Mcf Gas:	9	Bbls H2O:	10
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Calculated 24 hour rate:	Bbls oil:	45	Mcf Gas:	9	Bbls H2O:	10	GOR:	200
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Test Method: Flowing	Casing PSI: 150	Tubing PSI: 0	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1259	API Gravity Oil:	47
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)