

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:

2512216

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) 2284253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-22933-00 6. County: WELD
7. Well Name: MARIE D Well Number: 4-23
8. Location: QtrQtr: SWSE Section: 4 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/06/2010</u>	Date of First Production this formation: <u>04/15/2010</u>
Perforations Top: <u>6646</u> Bottom: <u>6925</u>	No. Holes: <u>248</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CODELL PERF 6914-6925 REFRACD CODELL W/ 142884 GALS OF SLICK WATER AND PHASERFRAC WITH 246000#S OF OTTAWA SAND. COMMINGLE CODELL AND NIOBRARA.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/23/2010</u> Hours: <u>24</u> Bbls oil: <u>17</u> Mcf Gas: <u>87</u> Bbls H2O: <u>5</u>	
Calculated 24 hour rate:	Bbls oil: <u>17</u> Mcf Gas: <u>87</u> Bbls H2O: <u>5</u> GOR: <u>5117</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>450</u> Tubing PSI: <u>375</u> Choke Size: <u>30/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1281</u> API Gravity Oil: <u>60</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6886</u> Tbg setting date: <u>04/12/2010</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 Status: COMMINGLED

Treatment Date: 04/06/2010 Date of First Production this formation: _____

Perforations Top: 6646 Bottom: 6712 No. Holes: 204 Hole size: _____

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

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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 7/1/2010 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 S. Neslin Director of COGCC Date: 12/1/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)