

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2512222

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 05-123-15346-00 6. County: WELD
7. Well Name: JEPSEN Well Number: 13-10F
8. Location: QtrQtr: NWSE Section: 13 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/02/2010</u>	Date of First Production this formation: <u>04/12/2010</u>
Perforations Top: <u>6897</u> Bottom: <u>7215</u>	No. Holes: <u>104</u> Hole size: <u> </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CODELL PERFS 7201-7215 TRIFRACD CODELL W/ 127647 GALS OF SLICK WATER AND VISTAR WITH 242940#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>04/16/2010</u> Hours: <u>24</u> Bbls oil: <u>3</u> Mcf Gas: <u>130</u> Bbls H2O: <u>1</u>	
Calculated 24 hour rate:	Bbls oil: <u>3</u> Mcf Gas: <u>130</u> Bbls H2O: <u>1</u> GOR: <u>43333</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>400</u> Tubing PSI: <u>200</u> Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1210</u> API Gravity Oil: <u>73</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7153</u> Tbg setting date: <u>02/10/2010</u> Packer Depth: <u> </u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: 03/02/2010 Date of First Production this formation: _____

Perforations Top: 6897 Bottom: 7090 No. Holes: 48 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: 6/24/2010 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)