

**FORM  
5A**Rev  
02/08State 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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**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.

Document Number:

2071892

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 05-123-24217-00 6. County: WELD  
7. Well Name: LONG C Well Number: 20-17  
8. Location: QtrQtr: NWNE Section: 20 Township: 4N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/29/2010</u>		Date of First Production this formation: <u>05/13/2010</u>	
Perforations	Top: <u>6632</u>	Bottom: <u>6918</u>	No. Holes: <u>220</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
CODELL PERFS 6905-6918. RE-FRAC'D CODELL W/ 125,160 GALS OF SLICK WATER AND VISTAR 24/25 WITH 239,720#'S OF OTTAWA SAND. COMMINGLE CODELL AND NIOBARRA.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>05/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>4</u>	Mcf Gas: <u>41</u> Bbls H2O: <u>1</u>
Calculated 24 hour rate:		Bbls oil: <u>4</u>	Mcf Gas: <u>41</u> Bbls H2O: <u>1</u> GOR: <u>10250</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>400</u>	Tubing PSI: <u>350</u>	Choke Size: <u>64/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1250</u>	API Gravity Oil: <u>61</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6891</u>	Tbg setting date: <u>05/05/2010</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: 04/29/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6632 Bottom: 6721 No. Holes: 168 Hole size: 43/100  
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: 7/13/2010 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: 12/9/2010

**Attachment Check List**

Att Doc Num	Name
2071892	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)