

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:

400117632

**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 05-123-12097-00 6. County: WELD  
7. Well Name: FOUR C LAND Well Number: 2  
8. Location: QtrQtr: NESW Section: 32 Township: 6N Range: 66W Meridian: 6  
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

|  |   |
|--|---|
| FORMATION: <u>CODELL</u>   | Status: <u>COMMINGLED</u>   |
| Treatment Date: <u>10/07/2010</u>  | Date of First Production this formation: <u>04/10/1985</u>  |
| Perforations Top: <u>7020</u> Bottom: <u>7037</u>  | No. Holes: <u>79</u> Hole size: <u>          </u>   |
| Provide a brief summary of the formation treatment:  | Open Hole: <input type="checkbox"/>   |
| <div>Codell refrac<br/>Frac'd Codell w/130251 gals Vistar and Slick Water with 245040 lbs Ottawa sand</div>              |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>Test Information:</b>   |   |
| Date: <u>          </u> Hours: <u>          </u>   | Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u>                              |
| Calculated 24 hour rate: <u>          </u>   | 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:<br><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

Treatment Date: 10/07/2010 Date of First Production this formation: 04/10/1985

Perforations Top: 6701 Bottom: 7037 No. Holes: 96 Hole size:

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

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

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

**Test Information:**

Date: 11/26/2010 Hours: 24 Bbls oil: 31 Mcf Gas: 201 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 31 Mcf Gas: 201 Bbls H2O: 10 GOR: 6484

Test Method: Flowing Casing PSI: 673 Tubing PSI: 313 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1411 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6997 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:

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)