

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:

400090614

**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: Eileen Roberts  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30333-00 6. County: WELD  
7. Well Name: WELLS RANCH AF Well Number: 06-13  
8. Location: QtrQtr: SWSW Section: 6 Township: 5N Range: 62W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>05/19/2010</u>		Date of First Production this formation: <u>05/21/2010</u>		
Perforations	Top: <u>6580</u>	Bottom: <u>6588</u>	No. Holes: <u>32</u>	Hole size: <u>041/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Frac'd Codell w/ 99700 gals of Silverstim and Slick Water with 200,140#'s of Ottawa sand. The Codell is producing through a Composite Flow Through Plug.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
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: <div></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____		Sacks cement on top: _____		

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/19/2010 Date of First Production this formation: 05/21/2010

Perforations Top: 6328 Bottom: 6588 No. Holes: 104 Hole size: 0

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

Commingle Codell/Niobrara

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

**Test Information:**

Date: 05/28/2010 Hours: 24 Bbls oil: 125 Mcf Gas: 180 Bbls H2O: 21

Calculated 24 hour rate: Bbls oil: 125 Mcf Gas: 180 Bbls H2O: 21 GOR: 1440

Test Method: Flowing Casing PSI: 410 Tubing PSI: 0 Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1230 API Gravity Oil: 45

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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 05/19/2010 Date of First Production this formation: 05/21/2010

Perforations Top: 6328 Bottom: 6484 No. Holes: 72 Hole size: 073/100

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

Frac'd Niobrara w/ 269085 gals of Silverstim and Slick Water with 399,500 #'s of Ottawa sand.  
The Niobrara is producing through a Composite Flow Through Plug.

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: Eileen Roberts

Title: Regulatory Specialist Date: 9/7/2010 Email: eroberts@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: 12/21/2010

**Attachment Check List**

Att Doc Num	Name
400090614	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)