

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:

400101336

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 05-123-21609-00 6. County: WELD
7. Well Name: LINDSAY C Well Number: 33-23
8. Location: QtrQtr: CSE Section: 33 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>08/03/2010</u>	Date of First Production this formation: <u>09/15/2003</u>
Perforations Top: <u>6876</u> Bottom: <u>6888</u>	No. Holes: <u>48</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>Codell refrac Frac'd Codell w/ 133096 gals Vistar and Slick Water with 244340 lbs Ottawa sand</div>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <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: 08/03/2010 Date of First Production this formation: 04/07/2005

Perforations Top: 6608 Bottom: 6888 No. Holes: 252 Hole size: 42/100

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

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

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

Test Information:

Date: 08/20/2010 Hours: 24 Bbls oil: 23 Mcf Gas: 102 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 102 Bbls H2O: 8 GOR: 4435

Test Method: Flowing Casing PSI: 650 Tubing PSI: 380 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1230 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6847 Tbg setting date: 08/12/2010 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: 10/18/2010 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: David G. Neslin Director of COGCC Date: 12/30/2010

Attachment Check List

Att Doc Num	Name
400101336	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)