

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:

400121212

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 05-123-12906-00 6. County: WELD
7. Well Name: DINNEL Well Number: 3
8. Location: QtrQtr: SENW Section: 26 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>11/18/2010</u>	Date of First Production this formation: <u>03/10/1986</u>
Perforations Top: <u>6785</u> Bottom: <u>6800</u>	No. Holes: <u>76</u> Hole size: <u> </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell under sand plug for Niobrara recomplete</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u> </u> Hours: <u> </u>	Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:	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:	
<u>Sand plug set 6656'-6912' 11/18/10</u>	
Date formation Abandoned: <u>11/18/2010</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: PRODUCING

Treatment Date: 11/30/2010 Date of First Production this formation: 12/02/2010

Perforations Top: 6528 Bottom: 6610 No. Holes: 60 Hole size:

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

Niobrara recomplete
Frac'd Niobrara w/173772 gals Silverstim, Acid, and Slick Water with 249980 lbs Ottawa sand

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

Test Information:

Date: 12/10/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 75 Bbls H2O: 9

Calculated 24 hour rate: Bbls oil: 11 Mcf Gas: 75 Bbls H2O: 9 GOR: 6818

Test Method: Flowing Casing PSI: 210 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1320 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6750 Tbg setting date: 12/15/2010 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>

Total: 0 comment(s)