

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:

400107660

**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 05-123-15118-00 6. County: WELD  
7. Well Name: MEGAN H Well Number: 16-12  
8. Location: QtrQtr: NWSW Section: 16 Township: 3N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>09/17/2010</u>	Date of First Production this formation: <u>08/30/1991</u>
Perforations Top: <u>7196</u> Bottom: <u>7210</u>	No. Holes: <u>100</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 refrac</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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:	
<u>Sand plug set 7010'-7284' on 8/17/10</u>	
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: PRODUCING

Treatment Date: 09/16/2010 Date of First Production this formation: 09/19/1996

Perforations Top: 6912 Bottom: 6970 No. Holes: 168 Hole size: 27/100

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

Niobrara refrac  
Frac'd Niobrara w/280390 gals Vistar, Acid, and Slick Water with 329040 lbs Ottawa sand

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

**Test Information:**

Date: 10/08/2010 Hours: 24 Bbls oil: 37 Mcf Gas: 312 Bbls H2O: 63

Calculated 24 hour rate: Bbls oil: 37 Mcf Gas: 312 Bbls H2O: 63 GOR:         

Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1269 API Gravity Oil: 59

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: Justin Garrett

Title: Regulatory Specialist Date: 11/10/2010 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 S. Neslin Director of COGCC Date: 1/10/2011

**Attachment Check List**

Att Doc Num	Name
400107660	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)