

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:

400096743

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 05-123-30947-00 6. County: WELD
7. Well Name: Horse Iron P Well Number: 22-32D
8. Location: QtrQtr: SENE Section: 21 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>08/02/2010</u>		Date of First Production this formation: <u>08/06/2010</u>	
Perforations	Top: <u>6992</u>	Bottom: <u>7652</u>	No. Holes: <u>212</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Commingle J-Sand / Codell / Niobrara</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/13/2010</u>	Hours: <u>24</u>	Bbls oil: <u>6</u>	Mcf Gas: <u>14</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>6</u>	Mcf Gas: <u>14</u> Bbls H2O: <u>0</u> GOR: <u>2333</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1680</u>	Tubing PSI: <u>0</u>	Choke Size: <u>010/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1285</u>	API Gravity Oil: <u>59</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____ _____			
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: J SAND Status: PRODUCING

Treatment Date: 08/02/2010 Date of First Production this formation: 08/06/2010

Perforations Top: 7622 Bottom: 7652 No. Holes: 88 Hole size: 41/100

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

Frac'd J-Sand w/ 147126 gals of Silverstim and Slick Water with 278,299#s of Ottawa sand.

The J-Sand 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/02/2010 Date of First Production this formation: 08/06/2010

Perforations Top: 6992 Bottom: 7210 No. Holes: 124 Hole size: _____

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

Frac'd Codell w/ 134484 gals of Silverstim and Slick Water with 272,909#s of Ottawa sand. CD perfs 7191-7210, 76 holes @.41". The Codell is producing through a Composite Flow Through Plug. NB perfs 6992-7064, 48 holes @ .73". Frac'd NB w/173670 gals of Silverstim and Slickwater with 253062#s of Ottawa Sand.

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: 10/1/2010

Email eroberts@nobleenergyinc.com

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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
400096743	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)