

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:

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**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 05-123-31158-00 6. County: WELD  
7. Well Name: Aloysius C Well Number: 34-31  
8. Location: QtrQtr: NWNW Section: 34 Township: 4N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/29/2010 Date of First Production this formation: 12/01/2010

Perforations Top: 6622 Bottom: 6908 No. Holes: 120 Hole size: 0

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

Frac'd Niobrara-Codell w/ 367853 gals of Silverstim and Slick Water with 619,520#s of Ottawa sand.

The Niobrara and Codell are producing through two Composite Flow Through Plugs.

Commingled the Niobrara and Codell

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

**Test Information:**

Date: 12/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 42 Bbls H2O: 18

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 42 Bbls H2O: 18 GOR: 0

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 57

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: \_\_\_\_\_

Email: [eroberts@nobleenergyinc.com](mailto: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: \_\_\_\_\_

Director of COGCC

Date: \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)