

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:

400107499

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 05-123-22023-00 6. County: WELD
7. Well Name: GRUEN Well Number: 22-33
8. Location: QtrQtr: SWSW Section: 22 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIORARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/11/2010</u>	Date of First Production this formation: <u>07/26/2004</u>
Perforations Top: <u>6632</u> Bottom: <u>6925</u>	No. Holes: <u>248</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell & Niobrara are commingled</u> <u>Nothing happend in Codell for Niobrara refrac</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/05/2010</u> Hours: <u>24</u> Bbls oil: <u>13</u> Mcf Gas: <u>132</u> Bbls H2O: <u>11</u>	
Calculated 24 hour rate:	Bbls oil: <u>13</u> Mcf Gas: <u>132</u> Bbls H2O: <u>11</u> GOR: <u>10154</u>
Test Method: <u>Flowing</u> Casing PSI: <u>850</u> Tubing PSI: <u>580</u> Choke Size: <u>64/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1308</u> API Gravity Oil: <u>55</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6901</u> Tbg setting date: <u>09/24/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></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: COMMINGLED

Treatment Date: 09/13/2010 Date of First Production this formation: 07/26/2004

Perforations Top: 6632 Bottom: 6925 No. Holes: 88 Hole size:

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

Niobrara refrac
Frac'd Niobrara w/166076 gals Vistar, Acid, and Slick Water with 250300 lbs 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: 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: 1/14/2011

Attachment Check List

Att Doc Num	Name
400107499	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)