

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:

400095464

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-20421-00
6. County: WELD
7. Well Name: JURGENS Well Number: 8-13
8. Location: QtrQtr: SWNE Section: 8 Township: 5N Range: 64W Meridian: 6
9. Field Name: KERSEY Field Code: 44600

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING
Treatment Date: 06/11/2010 Date of First Production this formation: 06/11/2010
Perforations Top: 6530 Bottom: 6832 No. Holes: 136 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
Commingled Codell and Niobrara.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/25/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 103 Bbls H2O: 9
Calculated 24 hour rate: _____ Bbls oil: 30 Mcf Gas: 103 Bbls H2O: 9 GOR: 3433
Test Method: Flowing Casing PSI: 800 Tubing PSI: 400 Choke Size: 18
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 58
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6803 Tbg setting date: 06/10/2010 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: Andrea Rawson
Title: Regulatory Specialist Date: 9/28/2010 Email: arawson@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: 1/18/2011

Attachment Check List

Att Doc Num	Name
400095464	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)