

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:

400114911

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 05-123-31940-00 6. County: WELD
7. Well Name: DRAKE Well Number: II18-04
8. Location: QtrQtr: NWNW Section: 18 Township: 7N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 09/30/2010 Date of First Production this formation: 09/30/2010

Perforations Top: 7238 Bottom: 7557 No. Holes: 92 Hole size: 0

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

Frac'd Niobrara-Codell w/ 306439 gals of Silverstim and Slick Water with 520,160#'s of Ottawa sand.

The Codell is producing through a Cast Iron Flow Through Plug.

Commingled Niobrara / Codell

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

Test Information:

Date: 10/06/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 0 Bbls H2O: 96

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 0 Bbls H2O: 96 GOR: 0

Test Method: Flowing Casing PSI: 50 Tubing PSI: 0 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 58

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: 12/8/2010

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: 1/19/2011

Attachment Check List

Att Doc Num	Name
400114911	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)