

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:

400111763

**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 05-123-23993-00 6. County: WELD  
7. Well Name: ERIE ROAD Well Number: 32-15  
8. Location: QtrQtr: SWNE Section: 15 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>10/27/2010</u>	Date of First Production this formation: <u>10/29/2010</u>
Perforations Top: <u>7860</u> Bottom: <u>7878</u>	No. Holes: <u>72</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell/Niobrara recompleate</u> <u>Frac'd Codell w/134278 gals Silverstim, Acid, and Slick Water with 271800 lbs Ottawa sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>DAKOTA</u>			Status: <u>SHUT IN</u>		
Treatment Date: <u>10/20/2010</u>		Date of First Production this formation: <u>09/15/2006</u>			
Perforations	Top: <u>8474</u>	Bottom: <u>8510</u>	No. Holes: <u>96</u>	Hole size: <u>20 + 45/10</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Dakota under cast iron bridge plug					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
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:					
CIBP set 8425'-8427' 10/20/10					
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: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>10/27/2010</u>		Date of First Production this formation: <u>10/29/2010</u>			
Perforations	Top: <u>7618</u>	Bottom: <u>8484</u>	No. Holes: <u>160</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Codell/Niobrara recomplete Codell and Niobrara are commingled					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>11/05/2010</u>	Hours: <u>24</u>	Bbls oil: <u>36</u>	Mcf Gas: <u>241</u>	Bbls H2O: <u>40</u>	
Calculated 24 hour rate: _____		Bbls oil: <u>36</u>	Mcf Gas: <u>241</u>	Bbls H2O: <u>40</u>	GOR: <u>6694</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>615</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1106</u>	API Gravity Oil: <u>44</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: NIOBRARA Status: COMMINGLED

Treatment Date: 10/27/2010 Date of First Production this formation: 10/29/2010

Perforations Top: 7618 Bottom: 7730 No. Holes: 48 Hole size: 72/100

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

Codell/Niobrara recomplete  
Frac'd Niobrara w/172145 gals Silverstim and Slick Water with 249960 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: 11/29/2010 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: 1/20/2011

**Attachment Check List**

Att Doc Num	Name
400111763	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
Permit	REC VALUES	1/20/2011 11:52:36 AM
Permit	req BTU Gas and API Oil values	1/19/2011 4:22:29 PM

Total: 2 comment(s)