

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:

400115538

## 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            05-123-23655-00

6. County: WELD

7. Well Name: THOMSEN

Well Number: 41-7

8. Location: QtrQtr: NENE Section: 7 Township: 2N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 09/14/2010

Date of First Production this formation: 06/27/2006

Perforations	Top:	7282	Bottom:	7295	No. Holes:	52	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole: 

Codell refrac

Frac'd Codell w/130087 gals Vistar with 245280 lbs Ottawa sand

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

**Test Information:**

Date:	11/11/2010	Hours:	24	Bbls oil:	25	Mcf Gas:	10	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	25	Mcf Gas:	10	Bbls H2O:	0	GOR:	400
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Test Method: Flowing	Casing PSI: 1100	Tubing PSI: 1100	Choke Size: 32/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1253	API Gravity Oil:	51
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 7271      Tbg setting date: 08/31/2010      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: Justin Garrett

Title: Regulatory Specialist      Date: 12/13/2010      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: 1/21/2011

**Attachment Check List**

Att Doc Num	Name
400115538	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)