

**FORM  
5A**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

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**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 05-123-26040-00 6. County: WELD  
7. Well Name: CERVI-USX CC Well Number: 21-10  
8. Location: QtrQtr: NWSE Section: 21 Township: 4N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBRARA-CODELL Status: SHUT INTreatment Date: 05/01/2008 Date of First Production this formation: \_\_\_\_\_Perforations Top: 6488 Bottom: 6763 No. Holes: 180 Hole size: \_\_\_\_\_Provide a brief summary of the formation treatment: Open Hole: ☐

Well shut-in; did not turn on after frac  
Codell & Niobrara are commingled; cast iron flow through plug set 6630' 5/1/08.  
Codell 6750'-6763', 52 holes, .41"  
Frac'd Codell w/132048 gals Silverstim, Acid, and Slick Water with 270000 lbs Ottawa sand  
Niobrara 6488'-6570', 128 holes, .42"  
Frac'd Niobrara w/173729 gals Silverstim, Acid, and Slick Water with 250000 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:

Well shut-in; did not turn on after fracDate 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: \_\_\_\_\_

Email JDGarrett@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: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)