

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:

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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: 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 05-123-32375-00 6. County: WELD  
7. Well Name: Anderson PC Well Number: F35-23  
8. Location: QtrQtr: NWSE Section: 35 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |   |
|---|---|
| FORMATION: <u>NIOBRARA-CODELL</u>   | Status: <u>PRODUCING</u>  |
| Treatment Date: <u>12/14/2010</u>   | Date of First Production this formation: <u>12/22/2010</u>                    |
| Perforations Top: <u>6753</u> Bottom: <u>7014</u>   | No. Holes: <u>108</u> Hole size: <u>0</u>                                     |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>   |
| Frac'd Niobrara-Codell w/311356 gals of Silverstim and Slick Water with 519,100#'s of Ottawa sand.                                  |   |
| The Codell is producing through a Composite Flow Through Plug.  |   |
| Commingled the Niobrara and Codell.   |   |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |   |
| <b>Test Information:</b>  |   |
| Date: <u>12/23/2010</u> Hours: <u>18</u> Bbls oil: <u>77</u> Mcf Gas: <u>467</u> Bbls H2O: <u>195</u>                               |   |
| Calculated 24 hour rate:  | Bbls oil: <u>77</u> Mcf Gas: <u>467</u> Bbls H2O: <u>195</u> GOR: <u>6064</u> |
| Test Method: <u>FLOWING</u> Casing PSI: <u>2800</u> Tubing PSI: <u>0</u> Choke Size: <u>012/64</u>                                  |   |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1284</u> API Gravity Oil: <u>50</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: _____   |   |

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: \_\_\_\_\_

Email: [eroberts@nobleenergyinc.com](mailto:eroberts@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: \_\_\_\_\_

Director of COGCC

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

### **Attachment Check List**

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files

### **General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)