

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:

400094595

## 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: Jennifer Barnett

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4342

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-125-11751-00

6. County: YUMA

7. Well Name: Witte

Well Number: 23-1B

8. Location: QtrQtr: NESW Section: 1 Township: 2S Range: 45W Meridian: 6

9. Field Name: VERNON Field Code: 86500

### Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date:	05/03/2010	Date of First Production this formation:	05/25/2010
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Perforations	Top:	2134	Bottom:	2168	No. Holes:	102	Hole size:	0.45
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Provide a brief summary of the formation treatment:

Open Hole: 

Frac: 500 gals 7.5% HCL acid breakdown, 10,000 glas 30% CO2 foam gel pads, 32,659 gals 30% CO2 foam gel, carrying 50,020 lbs 16/30 Daniels & 50,020 lbs 12/20 Daniels sand. Avg. Psi: 980 psi, Avg. Fl. Rate: 16.7 bpm.

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

**Test Information:**

Date:	05/25/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	95	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	95	Bbls H2O:	0	GOR:
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Test Method: Flowing	Casing PSI: 270	Tubing PSI:	Choke Size: 0.5
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	990	API Gravity Oil:	0
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 2203      Tbg setting date: 08/03/2010      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: Jennifer Barnett

Title: Regulatory Analyst                      Date: 11/4/2010                      Email: jbarnett@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: 2/17/2011

**Attachment Check List**

Att Doc Num	Name
400094595	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)