

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400137831

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: Andrea Rawson  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-14909-00 6. County: WELD  
 7. Well Name: MCMILLEN TRUST Well Number: 19-11G  
 8. Location: QtrQtr: NESW Section: 19 Township: 4N Range: 65W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: COMMINGLED  
 Treatment Date: 12/15/2010 Date of First Production this formation: 12/15/2010  
 Perforations Top: 6908 Bottom: 7217 No. Holes: 112 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 \_\_\_\_\_  
 Commingled Codell and Niobrara.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 12/21/2100 Hours: 24 Bbls oil: 11 Mcf Gas: 291 Bbls H2O: 8  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 11 Mcf Gas: 291 Bbls H2O: 8 GOR: 26454  
 Test Method: Flowing Casing PSI: 750 Tubing PSI: 650 Choke Size: 14  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1245 API Gravity Oil: 65  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7184 Tbg setting date: 12/13/2010 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: Andrea Rawson  
 Title: Regulatory Specialist Date: \_\_\_\_\_ Email arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)