

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: 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 05-123-15864-00 6. County: WELD
7. Well Name: WARDELL Well Number: H 19-13
8. Location: QtrQtr: SWSW Section: 19 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 12/03/2010 Date of First Production this formation: 12/03/2010
Perforations Top: 7110 Bottom: 7405 No. Holes: 188 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: 12/07/2010 Hours: 24 Bbls oil: 6 Mcf Gas: 80 Bbls H2O: 1
Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 80 Bbls H2O: 1 GOR: 13333
Test Method: Flowing Casing PSI: 880 Tubing PSI: 450 Choke Size: 26
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 60
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7368 Tbg setting date: 12/01/2010 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	Document Name	attached ?
<u>Attachment Checklist</u>		
	Wellbore Diagram	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)