

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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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 05-123-27122-00 6. County: WELD
7. Well Name: DINNER Well Number: 13-35
8. Location: QtrQtr: NWSW Section: 13 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/27/2011 Date of First Production this formation: 01/29/2011
Perforations Top: 6640 Bottom: 6977 No. Holes: 112 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
Niobrara perms 6640-6795 48 holes. Codell perms 6961-6977 64 holes. Frac'd Codell and Niobrara w/ 274,806 gals of Slick water, silverstim, and 15% HCl with 482,389#'s of Ottawa sand.
Commingled Codell and Niobrara.
Codell producing through flow plug.

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

Test Information:

Date: 02/01/2011 Hours: 24 Bbls oil: 27 Mcf Gas: 258 Bbls H2O: 25
Calculated 24 hour rate: _____ Bbls oil: 27 Mcf Gas: 258 Bbls H2O: 25 GOR: 9555
Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 14
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1330 API Gravity Oil: 58
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)