

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400164271

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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-14766-00 6. County: WELD
7. Well Name: BRUNTZ Well Number: 16-2
8. Location: QtrQtr: NESE Section: 16 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 02/16/2011 Date of First Production this formation: 10/23/1990
Perforations Top: 6856 Bottom: 7166 No. Holes: 309 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell trfrac; Codell & Niobrara are commingled
Codell 7151'-7166', 104 holes
Frac'd Codell w/128081 gals Vistar and Slick Water with 246080 lbs Ottawa sand
Niobrara 6856'-7041', 205 holes
Nothing new happened in Niobrara
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/01/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 100 Bbls H2O: 3
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 100 Bbls H2O: 3 GOR: 50000
Test Method: Flowing Casing PSI: 550 Tubing PSI: 550 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 67
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7137 Tbg setting date: 02/22/2011 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: Justin Garrett

Title: Regulatory Specialist Date: \_\_\_\_\_ Email JDGarrett@nobleenergyinc.com  
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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)