

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: 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 05-123-12854-00 6. County: WELD  
7. Well Name: HERBST B Well Number: 27-3  
8. Location: QtrQtr: NENE Section: 27 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIORARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/28/2011</u>	Date of First Production this formation: <u>01/03/1986</u>
Perforations Top: <u>6484</u> Bottom: <u>6745</u>	No. Holes: <u>134</u> Hole size: <u>          </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>Codell &amp; Niobrara are commingled Nothing new happened in Codell for Niobrara refrac</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/01/2011</u> Hours: <u>24</u> Bbls oil: <u>17</u> Mcf Gas: <u>214</u> Bbls H2O: <u>5</u>	
Calculated 24 hour rate:	Bbls oil: <u>17</u> Mcf Gas: <u>214</u> Bbls H2O: <u>5</u> GOR: <u>1259</u>
Test Method: <u>Flowing</u> Casing PSI: <u>625</u> Tubing PSI: <u>250</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1315</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6715</u> Tbg setting date: <u>12/21/2010</u> Packer Depth: <u>          </u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: <u>          </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>          </u>	
Bridge Plug Depth: <u>          </u> Sacks cement on top: <u>          </u>	

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 12/14/2010 Date of First Production this formation: 01/03/1986

Perforations Top: 6484 Bottom: 6658 No. Holes: 73 Hole size: 73/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Niobrara refrac  
Frac'd Niobrara w/175009 gals Silverstim, Acid, and Slick Water with 250120 lbs Ottawa sand

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

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

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: Justin Garrett

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: JDGarrett@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**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)