

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
----	----	----	----

Document Number:

400165624

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30741-00 6. County: WELD
7. Well Name: Coleman C Well Number: 23-04
8. Location: QtrQtr: NWNW Section: 23 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/11/2011 Date of First Production this formation: 03/29/2011

Perforations Top: 6502 Bottom: 6771 No. Holes: 84 Hole size: 0

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

Frac'd Niobrara-Codell w/ 269624 gals of Silverstim and Slick Water with 495,500#'s of Ottawa sand.

Commingle the Niobrara and Codell.

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

Test Information:

Date: 04/08/2011 Hours: 24 Bbls oil: 37 Mcf Gas: 228 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 37 Mcf Gas: 228 Bbls H2O: 10 GOR: 6162

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 300 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1341 API Gravity Oil: 57

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: Eileen Roberts _____

Title: Regulatory Specialist _____

Date: _____

Email: eroberts@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

User Group	Comment	Comment Date

Total: 0 comment(s)