

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:

400161759

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 05-123-31772-00

6. County: WELD

7. Well Name: Sekich P

Well Number: 19-27D

8. Location: QtrQtr: NWNE Section: 19 Township: 3N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 02/16/2011Date of First Production this formation: 03/25/2011Perforations Top: 7804 Bottom: 7831 No. Holes: 88 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

J Sand and Codell are producing through 3 composite flow through plugs
Frac'd J Sand w/147748 gals Silverstim and Slick Water with 280300 lbs Ottawa sand and SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/01/2011 Hours: 24 Bbls oil: 92 Mcf Gas: 230 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 92 Mcf Gas: 230 Bbls H2O: 0 GOR: 2500Test Method: Flowing Casing PSI: 575 Tubing PSI: 0 Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1160 API Gravity Oil: 47

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: _____

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 02/16/2011Date of First Production this formation: 03/25/2011Perforations Top: 7108 Bottom: 7386 No. Holes: 120 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

J Sand and Codell are producing through 3 composite flow through plugs
Codell & Niobrara are commingled
Codell 7368'-7386', 72 holes, .42"
Frac'd Codell w/115623 gals Silverstim, Acid, and Slick Water with 245100 lbs Ottawa sand
Niobrara 7108'-7178', 48 holes, .72"
Frac'd Niobrara w/151552 gals Silverstim and Slick Water with 249100 lbs Ottawa sand

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/01/2011 Hours: 24 Bbls oil: 92 Mcf Gas: 230 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 92 Mcf Gas: 230 Bbls H2O: 0 GOR: 2500Test Method: Flowing Casing PSI: 575 Tubing PSI: 0 Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1160 API Gravity Oil: 47

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

User Group	Comment	Comment Date

Total: 0 comment(s)