

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:

400138989

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-22213-00
6. County: WELD
7. Well Name: FIECHTNER P
Well Number: 18-25
8. Location: QtrQtr: NESW Section: 18 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 12/06/2010 Date of First Production this formation: 12/21/2010
Perforations Top: 7210 Bottom: 7219 No. Holes: 36 Hole size: 42

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

Re-Frac'd Codell w/ 127,092 gals of Vistar with 244,563#'s of Ottawa sand.

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

Test Information:

Date: 12/30/2010 Hours: 24 Bbls oil: 4 Mcf Gas: 34 Bbls H2O: 5
Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 34 Bbls H2O: 5 GOR: 8500
Test Method: Flowing Casing PSI: 651 Tubing PSI: 631 Choke Size: 30
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1254 API Gravity Oil: 65
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7197 Tbg setting date: 11/22/2010 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: 3/3/2011 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400138989	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)