

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:

400151329

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 05-123-19633-00 6. County: WELD
7. Well Name: FERME FARMS P Well Number: 3-06Di
8. Location: QtrQtr: SENW Section: 13 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/10/2011</u>	Date of First Production this formation: <u>02/14/2011</u>
Perforations Top: <u>7292</u> Bottom: <u>7310</u>	No. Holes: <u>72</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Codell recompleat Frac'd Codell w/ 132426 gals Vistar and Slick Water with 275165 lbs Ottawa sand	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/11/2011</u> Hours: <u>24</u> Bbls oil: <u>100</u> Mcf Gas: <u>361</u> Bbls H2O: <u>66</u>	
Calculated 24 hour rate:	Bbls oil: <u>100</u> Mcf Gas: <u>361</u> Bbls H2O: <u>66</u> GOR: <u>3610</u>
Test Method: <u>Flowing</u> Casing PSI: <u>650</u> Tubing PSI: <u>0</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1190</u> API Gravity Oil: <u>59</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 01/25/2011 Date of First Production this formation: 10/21/1998

Perforations Top: 7741 Bottom: 7786 No. Holes: 68 Hole size: _____

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

The J Sand is covered by a retrieveable bridge plug and a sand plug for Codell reocomplete

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:

Retrieveable bridge plug set 7383'-7386'
Sand plug 7371'-7383'

Date formation Abandoned: 01/25/2011 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: 4/19/2011 Email JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400151329	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)