

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:

400151385

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 05-123-11327-00 6. County: WELD
7. Well Name: HAYS Well Number: 31-1H5
8. Location: QtrQtr: NENE Section: 31 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/28/2011</u>	Date of First Production this formation: <u>03/26/1994</u>
Perforations Top: <u>6760</u> Bottom: <u>7090</u>	No. Holes: <u>211</u> Hole size: <u> </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>Codell & Niobrara are commingled Niobrara refrac; nothing new happened in Codell</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/15/2011</u> Hours: <u>24</u> Bbls oil: <u>19</u> Mcf Gas: <u>176</u> Bbls H2O: <u>15</u>	
Calculated 24 hour rate:	Bbls oil: <u>19</u> Mcf Gas: <u>176</u> Bbls H2O: <u>15</u> GOR: <u>9263</u>
Test Method: <u>Flowing</u> Casing PSI: <u>540</u> Tubing PSI: <u>250</u> Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1284</u> API Gravity Oil: <u>65</u>	
Tubing Size: <u>2 + 1/16</u> Tubing Setting Depth: <u>7042</u> Tbg setting date: <u>02/10/2011</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: 02/28/2011 Date of First Production this formation: 03/26/1994
Perforations Top: 6760 Bottom: 6904 No. Holes: 134 Hole size: 27/100

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

Niobrara refrac
Frac'd Niobrara w/148046 gals Vistar, Acid, and Slick Water with 249840 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: 4/19/2011 Email JDGarrett@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name
400151385	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)