

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:

400158221

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 05-123-23419-00 6. County: WELD
7. Well Name: JEFFERS Well Number: 12-35
8. Location: QtrQtr: SWNW Section: 35 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 03/02/2011 Date of First Production this formation: 08/11/2006
Perforations Top: 7146 Bottom: 7466 No. Holes: 280 Hole size:

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

Codell & Niobrara are commingled; nothing new happened in Niobrara during Codell refrac
Frac'd Codell w/132505 gals Vistar and Slick Water with 245000 lbs Ottawa sand

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

Test Information:

Date: 03/24/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 33 Bbls H2O: 10
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 33 Bbls H2O: 10 GOR: 16500
Test Method: Flowing Casing PSI: 1419 Tubing PSI: 880 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1280 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7427 Tbg setting date: 03/12/2011 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: 4/28/2011 Email JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400158221	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)