

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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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.

Document Number:

400180190

1. OGCC Operator Number: 100322	4. Contact Name: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC	Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 2284286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-32379-00	6. County: WELD
7. Well Name: LOYD PC GD	Well Number: 33-13
8. Location: QtrQtr: SWSW Section: 33 Township: 12N Range: 61W Meridian: 6	
9. Field Name: GROVER	Field Code: 33380

### Completed Interval

FORMATION: J SAND Status: PLUGGED AND ABANDONED

Treatment Date: 03/23/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7697 Bottom: 7750 No. Holes: 60 Hole size: 0.41

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

J-Sand not frac'd.

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: \_\_\_\_\_

The J-Sand is under a Cast Iron Bridge Plug and 2sx of cement.

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/30/2011 Date of First Production this formation: 04/16/2011

Perforations Top: 6940 Bottom: 7130 No. Holes: 104 Hole size: 0

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

Frac'd Niobrara-Codell w/ 270845 gals of Silverstim and Slick Water with 494,580#'s of Ottawa sand.

Commingle the Niobrara and Codell.

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

#### Test Information:

Date: 05/06/2011 Hours: 14 Bbls oil: 28 Mcf Gas: 31 Bbls H2O: 25

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 28 Mcf Gas: 31 Bbls H2O: 25 GOR: 1107

Test Method: FLOWING Casing PSI: 74 Tubing PSI: 97 Choke Size: 064/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1349 API Gravity Oil: 37

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: Eileen Roberts

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email eroberts@nobleenergyinc.com  
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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**

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Total: 0 comment(s)