

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:

400197065

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: Justin Garrett  
Phone: (303) 228-4449  
Fax: (303) 228-4286

5. API Number 05-123-25178-00  
6. County: WELD  
7. Well Name: FERGUSON B  
Well Number: 23-22  
8. Location: QtrQtr: SWNE Section: 23 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/24/2011 Date of First Production this formation: 07/20/2007  
Perforations Top: 6678 Bottom: 6690 No. Holes: 48 Hole size: 41/100

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

Codell refrac  
Frac'd Codell w/131087 gals Vistar 24, Vistar 25, Vistar 26, and Slick Water with 245460 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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL			Status: PRODUCING		
Treatment Date: 06/24/2011		Date of First Production this formation: 07/20/2007			
Perforations	Top: 6394	Bottom: 6690	No. Holes: 168	Hole size:	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Codell & Niobrara are commingled					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: 07/08/2011	Hours: 24	Bbls oil: 18	Mcf Gas: 113	Bbls H2O: 10	
Calculated 24 hour rate:		Bbls oil: 18	Mcf Gas: 113	Bbls H2O: 10	GOR: 6278
Test Method: Flowing		Casing PSI: 850	Tubing PSI: 850	Choke Size: 24/64	
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1354	API Gravity Oil: 57	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 6662	Tbg setting date: 06/28/2011		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: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>
Treatment Date: <u>06/24/2011</u>	Date of First Production this formation: <u>07/20/2007</u>	
Perforations Top: <u>63394</u>	Bottom: <u>6506</u>	No. Holes: <u>120</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;">Nothing new happened in Niobrara during Codell refrac</div>		
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>		
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: <div style="border: 1px solid black; height: 30px;"></div>		
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: _____	

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: \_\_\_\_\_ Email: JDGarrett@nobleenergyinc.com

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**

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

Total: 0 comment(s)