

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:

400197058

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 05-123-25034-00  
6. County: WELD  
7. Well Name: FERGUSON B  
Well Number: 23-2  
8. Location: QtrQtr: NENE Section: 23 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/22/2011 Date of First Production this formation: 10/08/2007  
Perforations Top: 7051 Bottom: 7064 No. Holes: 52 Hole size: 41/100

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

Codell refrac  
Frac'd Codell w/129887 gals Vistar and Slick Water with 246000 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: 06/22/2011 Date of First Production this formation: 10/08/2007

Perforations Top: 6772 Bottom: 7064 No. Holes: 180 Hole size:

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

Codell & Niobrara are commingled

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

**Test Information:**

Date: 07/08/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 26 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 26 Bbls H2O: 0 GOR: 4333

Test Method: Flowing Casing PSI: 950 Tubing PSI: 300 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1252 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7039 Tbg setting date: 06/23/2011 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:

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 06/22/2011 Date of First Production this formation: 10/08/2007

Perforations Top: 6772 Bottom: 6885 No. Holes: 128 Hole size: 42/100

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

Nothing new happened in Niobrara for Codell refrac

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: 8/22/2011 Email: JDGarrett@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400197058	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)