

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:

400197112

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 05-123-12878-00
6. County: WELD
7. Well Name: HERBST
Well Number: 27-4
8. Location: QtrQtr: NESE Section: 27 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/28/2011 Date of First Production this formation: 01/17/1986

Perforations Top: 6741 Bottom: 6755 No. Holes: 61 Hole size:

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

Nothing new happened in Codell for niobrara 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:

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 06/28/2011

Date of First Production this formation: 01/17/1986

Perforations Top: 6484

Bottom: 6755

No. Holes: 134

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: 17 Mcf Gas: 102 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 102 Bbls H2O: 10 GOR: 6000

Test Method: Flowing Casing PSI: 210 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 API Gravity Oil: 54

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

Status: COMMINGLED

Treatment Date: 06/28/2011

Date of First Production this formation: 01/17/1986

Perforations Top: 6484

Bottom: 6654

No. Holes: 73

Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐Niobrara refrac
Frac'd Niobrara w/150283 gals Vistar, Acid, and Slick Water with 249000 lbs Ottawa sandThis 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
400197112	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)