

**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:

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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.

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 05-123-32655-00 6. County: WELD  
7. Well Name: Kerksiek USX Well Number: A18-25  
8. Location: QtrQtr: SESW Section: 18 Township: 6N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/14/2011 Date of First Production this formation: 06/20/2011  
Perforations Top: 6777 Bottom: 6996 No. Holes: 108 Hole size: 0

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

Frac'd Niobrara-Codell w/ 268968 gals of Silverstim and Slick Water with 509,940#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingling the Niobrara and Codell.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 06/24/2011 Hours: 24 Bbls oil: 67 Mcf Gas: 110 Bbls H2O: 38  
Calculated 24 hour rate: Bbls oil: 67 Mcf Gas: 110 Bbls H2O: 38 GOR: 1641  
Test Method: FLOWING Casing PSI: 1750 Tubing PSI: 0 Choke Size: 012/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 48  
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 RobertsTitle: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@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**

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

Total: 0 comment(s)