

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400202159

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 05-123-17143-00
6. County: WELD
7. Well Name: THOMASON X
Well Number: 16-4
8. Location: QtrQtr: NWNW Section: 16 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 05/12/2011 Date of First Production this formation: 08/18/1993
Perforations Top: 7207 Bottom: 7221 No. Holes: 47 Hole size:

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

Codell & J Sand are covered by a retrievable bridge plug for Niobrara recomple

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:

Retrievable bridge plug set 7150' 4/26/11

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

Bridge Plug Depth: Sacks cement on top:

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>05/12/2011</u>		Date of First Production this formation: <u>04/19/2004</u>	
Perforations	Top: <u>7662</u>	Bottom: <u>7714</u>	No. Holes: <u>76</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Codell & J Sand are covered by a retrievable bridge plug for Niobrara recomplate</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			
<u>Retrievable bridge plug set 7150' 4/26/11</u>			
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: NIOBRARA		Status: PRODUCING	
Treatment Date: 05/12/2011		Date of First Production this formation: 05/13/2011	
Perforations	Top: 6972 Bottom: 7082	No. Holes: 128	Hole size: 27/100
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Niobrara recomplete Frac'd Niobrara w/153720 gals Vistar, 15% HCl, and Slick Water with 247777 lbs Ottawa sand			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: 05/20/2011	Hours: 24	Bbls oil: 17	Mcf Gas: 159 Bbls H2O: 8
Calculated 24 hour rate:	Bbls oil: 17	Mcf Gas: 159	Bbls H2O: 8 GOR: 9353
Test Method: Flowing	Casing PSI: 250	Tubing PSI: 0	Choke Size: 16/64
Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1301	API Gravity Oil: 54
Tubing Size:	Tubing Setting Depth:	Tbg setting date:	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:	

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

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

Total: 0 comment(s)