

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:

400202816

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: Andrea Rawson

Phone: (303) 228-4253

Fax: (303) 228-4286

5. API Number 05-123-26500-00

7. Well Name: FOSS

8. Location: QtrQtr: SWSE Section: 14 Township: 6N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 14-43

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: 03/07/2011

Date of First Production this formation: 03/07/2011

Perforations Top: 6550 Bottom: 6847 No. Holes: 116 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Commingled Codell and Niobrara.

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

Test Information:

Date: 03/07/2011 Hours: 24 Bbls oil: 30 Mcf Gas: 189 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 189 Bbls H2O: 10 GOR: 6300

Test Method: Flowing Casing PSI: 545 Tubing PSI: 476 Choke Size: 34

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6816 Tbg setting date: 03/01/2011 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:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Andrea Rawson

Title: Regulatory Specialist Date: 9/6/2011 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400202816	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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