

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:

400209965

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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC	Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-15729-00	6. County: WELD
7. Well Name: WARDELL	Well Number: 18-11J
8. Location: QtrQtr: NESW Section: 18 Township: 3N Range: 65W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>TEMPORARILY ABANDONED</u>		
Treatment Date: <u>07/19/2011</u>		Date of First Production this formation: <u>08/01/1992</u>		
Perforations	Top: <u>7426</u>	Bottom: <u>7440</u>	No. Holes: <u>76</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>Codell is under sand 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>Sand plug set @ 7256' on 7/19/2011</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: <u>NIOBRARA</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/04/2011</u>		Date of First Production this formation: <u>08/07/2011</u>			
Perforations	Top: <u>7152</u>	Bottom: <u>7212</u>	No. Holes: <u>128</u>	Hole size: <u>27/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Niobrara recomplete Frac'd Niobrara w/152775 gals Vistar and 15% HCl with 249570 lbs Ottawa sand					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: <u>08/12/2011</u>	Hours: <u>24</u>	Bbls oil: <u>22</u>	Mcf Gas: <u>272</u>	Bbls H2O: <u>31</u>	
Calculated 24 hour rate:		Bbls oil: <u>22</u>	Mcf Gas: <u>272</u>	Bbls H2O: <u>31</u>	GOR: <u>12364</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>410</u>	Tubing PSI: <u>0</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1271</u>	API Gravity Oil: <u>60</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
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)