

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:

400209952

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 05-123-21415-00

6. County: WELD

7. Well Name: KC B

Well Number: 12-15

8. Location: QtrQtr: SWSE Section: 12 Township: 5N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 07/26/2011

Date of First Production this formation: 08/14/2004

Perforations Top: 6416 Bottom: 6718 No. Holes: 248 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell refrac; nothing new happened in Niobrara  
Codell 6705'-6718', 56 holes  
Frac'd Codell w/129943 gals Vistar and Slick Water with 244760 lbs Ottawa sand  
Niobrara 6416'-6612', 192 holes

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

Test Information:

Date: 08/12/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 68 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 68 Bbls H2O: 5 GOR: 6800

Test Method: Flowing Casing PSI: 550 Tubing PSI: 480 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1336 API Gravity Oil: 57

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6686 Tbg setting date: 07/28/2011 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: Justin Garrett

Title: Regulatory Specialist

Date: 9/29/2011

Email: JDGarrett@nobleenergyinc.com

### **Attachment Check List**

Att Doc Num	Name
400209952	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)