

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:

400209961

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 05-123-15813-00
6. County: WELD
7. Well Name: SPIKE ST GWS
Well Number: C 24-13
8. Location: QtrQtr: SWSW Section: 24 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 07/29/2011 Date of First Production this formation: 10/09/1992
Perforations Top: 6796 Bottom: 6806 No. Holes: 40 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
Casing repair 7/29/2011
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 08/19/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 13 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 13 Bbls H2O: 0 GOR: 3250
Test Method: Flowing Casing PSI: 450 Tubing PSI: 400 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1382 API Gravity Oil: 0
Tubing Size: 1.66 Tubing Setting Depth: 6758 Tbg setting date: 08/05/2011 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: 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
400209964	CEMENT JOB SUMMARY
400214696	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)