

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:

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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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC	Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 2284286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-33553-00	6. County: WELD
7. Well Name: PIONEER USX	Well Number: Y07-08D
8. Location: QtrQtr: NESE Section: 7 Township: 2N Range: 64W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

### Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 08/01/2011Date of First Production this formation: 08/04/2011Perforations Top: 7715 Bottom: 7774 No. Holes: 84 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the J-Sand w/ 149219 gals of Silverstim and Slick Water with 269,020#'s of Ottawa sand.

The J-Sand is producing through a Composite Flow Through Plug.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/12/2011 Hours: 24 Bbls oil: 22 Mcf Gas: 79 Bbls H2O: 7Calculated 24 hour rate: Bbls oil: 22 Mcf Gas: 79 Bbls H2O: 7 GOR: 3590Test Method: FLOWING Casing PSI: 240 Tubing PSI: 0 Choke Size: 012/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1235 API Gravity Oil: 48

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 08/01/2011Date of First Production this formation: 08/04/2011Perforations Top: 7023 Bottom: 7268 No. Holes: 88 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara-Codell w/ 275930 gals of Silverstim and Slick Water with 488,060#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/12/2011 Hours: 24 Bbls oil: 22 Mcf Gas: 79 Bbls H2O: 7Calculated 24 hour rate: Bbls oil: 22 Mcf Gas: 79 Bbls H2O: 7 GOR: 3590Test Method: FLOWING Casing PSI: 240 Tubing PSI: 0 Choke Size: 012/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1235 API Gravity Oil: 48

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: Eileen Roberts

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email : eroberts@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**

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

Total: 0 comment(s)