

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:

400231801

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC	Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-27333-00	6. County: WELD
7. Well Name: DUGGAN	Well Number: 4-45
8. Location: QtrQtr: SESE Section: 4 Township: 5N Range: 65W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

## Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 07/11/2011

Date of First Production this formation: 08/22/2011

Perforations Top: 6702 Bottom: 7025 No. Holes: 226 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell perms 7010-7025. (60 holes).  
Re-Frac'd Codell w/ 130,549 gals of Slick Water and Vistar with 244,240#'s of Ottawa sand.  
Commingled Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 08/26/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 152 Bbls H2O: 3  
Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 152 Bbls H2O: 3 GOR: 25333  
Test Method: Flowing Casing PSI: 720 Tubing PSI: 720 Choke Size: 32  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 API Gravity Oil: 60  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6995 Tbg setting date: 07/14/2011 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:

FORMATION: NIOBRARA

Status: COMMINGLED

Treatment Date: 07/11/2011

Date of First Production this formation:

Perforations Top: 6702 Bottom: 6823 No. Holes: 166 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☒ Yes ☐ 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:

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: Email: arawson@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**

**User Group**      **Comment**      **Comment Date**

--	--	--

Total: 0 comment(s)