

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: <u>100322</u>	4. Contact Name: <u>Andrea Rawson</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-11367-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>THOMSEN USX X</u>	Well Number: <u>7-17</u>
8. Location: QtrQtr: <u>CNE</u> Section: <u>7</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

## Completed Interval

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 06/03/2011Date of First Production this formation: 06/09/2011Perforations Top: 7076 Bottom: 7312 No. Holes: 196 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell perfs 7300-7312. (48 holes).  
Re-Frac's Codell w/ 125,287 gals of Vistar 24,25,26, and Slick Water with 244,580#'s of Ottawa sand.  
Commingle Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 06/24/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 744 Tubing PSI: 604 Choke Size: 32Gas Disposition: SOLD Gas Type: WET BTU Gas: 1286 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 7285 Tbg setting date: 06/13/2011 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: NIOBRARAStatus: COMMINGLEDTreatment Date: 06/03/2011

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7076 Bottom: 7188 No. Holes: 148 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 RawsonTitle: 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**

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Total: 0 comment(s)