

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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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.

Document Number:

400235812

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 05-123-21708-00	6. County: WELD
7. Well Name: SPOMER BC J	Well Number: 33-25
8. Location: QtrQtr: NWSW Section: 33 Township: 5N Range: 66W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/15/2011</u>		Date of First Production this formation: <u>10/24/2011</u>			
Perforations	Top: <u>6886</u>	Bottom: <u>7212</u>	No. Holes: <u>280</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Codell perms 7199-7212. Re-Frac codell w/ 130,382 gals of Slick Water and Vistar with 244,340#'s of Ottawa sand. Commingle Codell and Niobrara.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: <u>10/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>89</u>	Bbls H2O: <u>5</u>	
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>89</u>	Bbls H2O: <u>5</u>	GOR: <u>89000</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>482</u>	Tubing PSI: <u>176</u>	Choke Size: <u>16</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1273</u>	API Gravity Oil: <u>64</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7183</u>	Tbg setting date: <u>09/20/2011</u>	Packer Depth: _____		
Reason for Non-Production:					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/15/2011</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6886</u>	Bottom: <u>7016</u>	No. Holes: <u>228</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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**

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Total: 0 comment(s)