

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

5. API Number <u>05-123-32580-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MOSER PC H</u>	Well Number: <u>22-24</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>22</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/21/2011</u>	Date of First Production this formation: <u>05/17/2011</u>
Perforations Top: <u>6876</u> Bottom: <u>7126</u>	No. Holes: <u>100</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<p>Frac'd the Niobrara-Codell w/ 269394 gals of Silverstim and Slick Water with 494080#'s of Ottawa sand.</p> <p>The Codell is producing through a Composite Flow Through Plug.</p> <p>Commingle the Niobrara and Codell.</p>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/20/2011</u> Hours: <u>24</u> Bbls oil: <u>82</u> Mcf Gas: <u>577</u> Bbls H2O: <u>86</u>	
Calculated 24 hour rate:	Bbls oil: <u>82</u> Mcf Gas: <u>577</u> Bbls H2O: <u>86</u> GOR: <u>7036</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>1200</u> Tubing PSI: <u>0</u> Choke Size: <u>012/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1164</u> API Gravity Oil: <u>54</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____	

Comment:  
\_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____	Print Name: <u>Eileen Roberts</u>
Title: <u>Regulatory Specialist</u> Date: _____	Email: <u>eroberts@nobleenergyinc.com</u>

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)