

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:

400227203

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 05-123-31866-01

6. County: WELD

7. Well Name: CANNON H

Well Number: 35-22X

8. Location: QtrQtr: NWSE Section: 35 Township: 3N

Range: 65W Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

### Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 09/19/2011Date of First Production this formation: 09/21/2011Perforations Top: 7560 Bottom: 7600 No. Holes: 72 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the J-Sand w/ 147000 gals of Vistar and Slick Water with 280,880#'s of Ottawa sand.

The J-Sand is producing through a Composite FlowThrough Plug.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/30/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 192 Bbls H2O: 4Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 192 Bbls H2O: 4 GOR: 3840Test Method: FLOWING Casing PSI: 200 Tubing PSI: 0 Choke Size: 016/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 API Gravity Oil: 50

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: 09/19/2011Date of First Production this formation: 09/21/2011Perforations Top: 6919 Bottom: 7150 No. Holes: 100 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara-Codell w/ 271346 gals of Vistar and Slick Water with 494,060#'s of Ottawa sand.

The Codell is producing Through a Composite Flow Through Plug.

Commingled the Niobrara and Codell.

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 09/30/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 192 Bbls H2O: 4Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 192 Bbls H2O: 4 GOR: 3840Test Method: FLOWING Casing PSI: 200 Tubing PSI: 0 Choke Size: 016/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 API Gravity Oil: 50

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: 11/29/2011

Email : eroberts@nobleenergyinc.com

### **Attachment Check List**

Att Doc Num	Name
400227203	COMPLETED INTERVAL REPORT
400227680	FORM 5A SUBMITTED

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	DS attached to Form 5. See Doc 2113359 for DS to this wellbore.	2/28/2012 10:42:28 AM
Permit	This is for the 01 wellbore, waiting on D/S to complete.	12/22/2011 8:30:03 AM

Total: 2 comment(s)