

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:

400259229

Date Received:

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

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: Andrea Rawson

Phone: (303) 228-4253

Fax: (303) 228-4286

5. API Number 05-123-24135-00

7. Well Name: MCKENNEY

6. County: WELD

Well Number: 13-22

8. Location: QtrQtr: NWNW Section: 13 Township: 6N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 12/02/2011

Date of First Production this formation: 12/04/2011

Perforations Top: 6540 Bottom: 6668 No. Holes: 64 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Re-Frac'd Niobrara w/ 149,081 gals of Slickwater, Vistar, and 15% HCl with 249,659#'s of Ottawa sand.
No perfs done to the Codell formation.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 12/23/2011 Hours: 24 Bbls oil: 76 Mcf Gas: 194 Bbls H2O: 25

Calculated 24 hour rate: Bbls oil: 76 Mcf Gas: 194 Bbls H2O: 25 GOR: 2553

Test Method: Flowing Casing PSI: 876 Tubing PSI: 742 Choke Size: 34

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1320 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6810 Tbg setting date: 12/16/2011 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:

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

Attachment Check List

Att Doc Num	Name
400259239	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)