

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:

400259262

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

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 05-123-15531-00

6. County: WELD

7. Well Name: ODLE

Well Number: BB19-12

8. Location: QtrQtr: NWSW Section: 19 Township: 5N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 09/14/2011

Date of First Production this formation: 11/14/2011

Perforations Top: 6610 Bottom: 6622 No. Holes: 48 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Tri-Frac'd Codell w/ 130,590 gals of Slick Water and Vistar with 243,095#'s of Ottawa sand.

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

Test Information:

Date: 12/13/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 0 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 0 Bbls H2O: 2 GOR: 0

Test Method: Flowing Casing PSI: 950 Tubing PSI: 300 Choke Size: 48

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1322 API Gravity Oil: 52

Tubing Size: 1 + 1/2 Tubing Setting Depth: 6599 Tbg setting date: 09/21/2011 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             |
|-------------|------------------|
| 400259269   | WELLBORE DIAGRAM |

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)