

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:

400262665

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 05-123-22935-00

6. County: WELD

7. Well Name: Haley-Ray

Well Number: 13-21

8. Location: QtrQtr: SWSW Section: 21

Township: 11N

Range: 61W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

### Completed Interval

FORMATION: J SANDStatus: PLUGGED AND ABANDONEDTreatment Date: 10/18/2011

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7600 Bottom: 7620 No. Holes: 80 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ 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: \_\_\_\_\_

pluggedDate formation Abandoned: 10/19/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7560 Sacks cement on top: 2FORMATION: NIOBRARAStatus: PRODUCINGTreatment Date: 10/25/2011Date of First Production this formation: 11/12/2011Perforations Top: 6740 Bottom: 6850 No. Holes: 116 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_

Open Hole: ☐Frac'd Niobrara w/ 149,604 gals of Slick Water, Vistar, and 15% HCl with 246,902#s of Ottawa sand.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 9 Bbls H2O: 62Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 9 Bbls H2O: 62 GOR: 0Test Method: Flowing Casing PSI: 41 Tubing PSI: 154 Choke Size: 20Gas Disposition: SOLD Gas Type: WET BTU Gas: 1375 API Gravity Oil: 41Tubing Size: 2 + 3/8 Tubing Setting Depth: 6986 Tbg setting date: 11/09/2011 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 RawsonTitle: Regulatory Specialist Date: \_\_\_\_\_ Email: arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400262679	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)