

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:

400262813

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 05-123-16474-00

7. Well Name: DINNER

8. Location: QtrQtr: NWNW Section: 13 Township: 4N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 13-4F

### Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>12/20/2011</u>		Date of First Production this formation: <u>09/16/1999</u>	
Perforations	Top: <u>7196</u>	Bottom: <u>7212</u>	No. Holes: <u>64</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Codell under sand plug @ 7056.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
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:			
<u>Will be commingled at a later date.</u>			
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: _____	

FORMATION: NIOBRARA		Status: PRODUCING			
Treatment Date: 12/20/2011		Date of First Production this formation: 12/22/2011			
Perforations	Top: 6890	Bottom: 7012	No. Holes: 64	Hole size:	
Provide a brief summary of the formation treatment:		Open Hole:			
Re-Frac'd Niobrara w/ 156,008 gals of Slick Water, Vistar, and 15% HCl with 251,544#s of Ottawa sand.					
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:					
Date: 12/30/2011	Hours: 24	Bbls oil: 9	Mcf Gas: 264	Bbls H2O: 1	
Calculated 24 hour rate:		Bbls oil: 9	Mcf Gas: 264	Bbls H2O: 1	GOR: 29333
Test Method: Flowing		Casing PSI: 500	Tubing PSI: 0	Choke Size: 12	
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1254	API Gravity Oil: 65	
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: Andrea Rawson

Title: Regulatory Specialist Date: arawson@nobleenergyinc.com

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400262817	WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)