| 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 **COMPLETED INTERVAL REPORT** | | DE | ET | OE | ES |
|---|---|---|---|---|---|---|

Document Number:
400267954

Date Received:

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    05-123-16806-00

6. County:  WELD

7. Well Name:  Feit E    Well Number: 23-09

8. Location:  QtrQtr:  NESE    Section:  23    Township:  6N    Range: 65W    Meridian:  6

9. Field Name:  WATTENBERG    Field Code:  90750

## Completed Interval

FORMATION:  PARKMAN    Status:  ABANDONED

Treatment Date:  12/07/2011    Date of First Production this formation:  05/07/1993

Perforations    Top:  3606    Bottom:  3614    No. Holes:  21    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:

cement squeeze

Date formation Abandoned:  12/07/2011    Squeeze:  ☒ Yes    ☐ No    If yes, number of sacks cmt    100

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 |
|---|---|
|  |  |

Total Attach: 0 Files

## General Comments

| User Group | Comment | Comment Date |
|---|---|---|
|  |  |  |

Total: 0 comment(s)