

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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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 05-123-34350-00 6. County: WELD  
 7. Well Name: BURROUGH Well Number: C14-13D  
 8. Location: QtrQtr: NESW Section: 14 Township: 4N Range: 64W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/05/2012 Date of First Production this formation: 01/06/2012

Perforations Top: 6705 Bottom: 6903 No. Holes: 96 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: Open Hole:

Niobrara perms 6705-6787 (48 holes), Codell perms 6891-6903 (48 holes).  
Frac'd Niobrara and Codell with 269,025 gals of Slick water, silverstim, and 15% HCl with 514,236#s of Ottawa sand.  
Commingle Codell and Niobrara.  
Codell producing through flow plug.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 01/13/2012 Hours: 24 Bbls oil: 47 Mcf Gas: 263 Bbls H2O: 17

Calculated 24 hour rate: Bbls oil: 47 Mcf Gas: 263 Bbls H2O: 17 GOR: 5596

Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 52

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: \_\_\_\_\_ arawson@nobleenergyinc.com

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

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