

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: Tania McNutt  
Phone: (303) 228-4392  
Fax: (303) 228-4286

5. API Number 05-123-33195-00  
6. County: WELD  
7. Well Name: GARCIA USX AB  
Well Number: 35-23  
8. Location: QtrQtr: NWSE Section: 35 Township: 7N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/11/2012 Date of First Production this formation: 01/14/2012

Perforations Top: 6736 Bottom: 7034 No. Holes: 96 Hole size: 0

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

The Codell is producing through a composite flow through plug  
Pumped 279,387 lbs of Ottawa proppant and 396,564 gallons of 15% HCL and slick water.

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

Test Information:

Date: 01/20/2012 Hours: 24 Bbls oil: 70 Mcf Gas: 34 Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 70 Mcf Gas: 34 Bbls H2O: 15 GOR: 486

Test Method: FLOWING Casing PSI: 231 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 44

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: Tania McNutt

Title: Regulatory Analyst Date: Email: tmcnutt@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)