

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



DE ET OE ES

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

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 05-123-33673-00

6. County: WELD

7. Well Name: CALVARY USX

Well Number: EE29-04D

8. Location: QtrQtr: SWNW Section: 29 Township: 7N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 11/03/2011

Date of First Production this formation: 11/07/2011

Perforations Top: 7111 Bottom: 7416 No. Holes: 92 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara perms 7111-7248 (48 holes), Codell perms 7405-7416 (44 holes).
Fac'd Niobrara and codell with 264,255 gals of Slick water, Silverstim, and 15% HCl with 444,520#s Of Ottawa sand.
Codell producing through composite flow through plug.
Commingle Codell and Niobrara.

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

Test Information:

Date: 11/18/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 2 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 2 Bbls H2O: 10 GOR: 333

Test Method: Flowing Casing PSI: 312 Tubing PSI: 0 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1421 API Gravity Oil: 43

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
:

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)