

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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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: Liz Lindow  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-33291-00 6. County: WELD  
7. Well Name: CECIL USX Well Number: AB35-12D  
8. Location: QtrQtr: NWSW Section: 35 Township: 7N Range: 64W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

**Completed Interval**

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>01/30/2012</u>		Date of First Production this formation: <u>02/07/2012</u>	
Perforations	Top: <u>6876</u> Bottom: <u>7176</u>	No. Holes: <u>100</u>	Hole size: <u>0</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>273919 gal slick water/vistar; 496526 lbs Ottawa sand</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>02/24/2012</u>	Hours: <u>24</u>	Bbls oil: <u>60</u>	Mcf Gas: <u>201</u> Bbls H2O: <u>13</u>
Calculated 24 hour rate:		Bbls oil: <u>60</u>	Mcf Gas: <u>201</u> Bbls H2O: <u>13</u> GOR: <u>3350</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>811</u>	Tubing PSI: <u>405</u>	Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1347</u>	API Gravity Oil: <u>45</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7138</u>	Tbg setting date: <u>02/13/2012</u>	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: Liz Lindow

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: llindow@noblenenergyinc.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)