

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

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Document Number: 400395508

Date Received: 03/25/2013

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: Kathleen Mills
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202 Email: kmills@nobleenergyinc.com

5. API Number 05-123-11024-00 6. County: WELD
 7. Well Name: RICHARDSON Well Number: 24-10
 8. Location: QtrQtr: SESW Section: 10 Township: 4N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/18/1995

Perforations Top: 7245 Bottom: 7290 No. Holes: 180 Hole size: 38/100

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

JSAND NOT ECONOMIC, AB UNDER CIBP, 2 SXS CMT AND 38 SXS SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: NO LONGER ECONOMIC - THIS FORMATION WAS AB BY PREVIOUS OPERATOR

Date formation Abandoned: 01/05/2006 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7130 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

NO CMT TKTS EXIST FOR THE CIBP AB OF THE JSAND AS IT WAS DONE 2 OPERATORS AGO. ATTACHED IS THE DAILY DRILLING RPT AND THE WELLBORE DIAGRAM WHICH SUPPORT THE AB DATA.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kathleen Mills
Title: Regulatory Analyst Date: 3/25/2013 Email kmills@nobleenergyinc.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400395508	FORM 5A SUBMITTED
400395533	OTHER
400395534	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Req'd correction of form 7 reporting.	1/29/2014 7:24:36 AM

Total: 1 comment(s)