

FORM
5A

Rev
06/12

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:

1666273

Date Received:

12/29/2009

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 AT
City: DENVER State: CO Zip: 80202
4. Contact Name: ANDREA RAWSON
Phone: (281) 876-6105
Fax: (281) 876-2503
Email:

5. API Number 05-123-24025-00
6. County: WELD
7. Well Name: ARROWHEAD FARMS
Well Number: 31-23
8. Location: QtrQtr: NWNE Section: 23 Township: 2N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: 12/20/2006 End Date: Date of First Production this formation: 01/03/2007
Perforations Top: 7572 Bottom: 7588 No. Holes: 64 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC'D CODELL W/ 122,474 GALS OF SILVERSTIM WITH 32# GEL LOADING AND 253,997#'S OF 20/40 OTTAWA 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: 01/23/2007 Hours: 24 Bbl oil: 16 Mcf Gas: 50 Bbl H2O: 10
Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 50 Bbl H2O: 10 GOR: 3125
Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 100 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1301 API Gravity Oil: 56
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7560 Tbg setting date: 12/19/2006 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: Y

Print Name: ANDREA RAWSON

Title: REGULATORY SPECIALIST

Date: 12/9/2009

Email: ARAWSON@NOBLEENERGYINC.COM

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)