

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 2. Name of Operator: NOBLE ENERGY INC 3. Address: 1001 NOBLE ENERGY WAY City: HOUSTON State: TX Zip: 77070 4. Contact Name: Logan Boughal Phone: (832) 6397447 Fax: Email: logan.boughal@nblenergy.com

5. API Number 05-123-10667-00 6. County: WELD 7. Well Name: POLLOCK-HADDIX Well Number: 34-1 8. Location: QtrQtr: SWNE Section: 34 Township: 4N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: Treatment Date: 10/26/2006 End Date: 10/26/2006 Date of First Production this formation: 03/30/1983 Perforations Top: 6855 Bottom: 6869 No. Holes: 56 Hole size:

Provide a brief summary of the formation treatment: Open Hole: This well was reperfed on 10/26/2006 from 6855' - 6869', bring the total interval to 6855'-6872'.

This formation is commingled with another formation: Total fluid used in treatment (bbl): 0 Max pressure during treatment (psi): 0 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.00 Type of gas used in treatment: Min frac gradient (psi/ft): 0.00 Total acid used in treatment (bbl): 0 Number of staged intervals: 0 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 0 Disposition method for flowback: Total proppant used (lbs): 0 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: Date formation Abandoned: Squeeze: 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: \_\_\_\_\_ Print Name: Logan Boughal

Title: Regulatory Analyst II Date: 11/29/2017 Email: logan.boughal@nblenergy.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401470262	FORM 5A SUBMITTED

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