

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-29786-00 6. County: WELD
7. Well Name: DPG F Well Number: 12-17
8. Location: QtrQtr: SENE Section: 12 Township: 5N Range: 65W Meridian: 6

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/18/2010 Date of First Production this formation: 01/20/2010
Perforations Top: 6893 Bottom: 6906 No. Holes: 52 Hole size: 41

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

Frac'd Codell W/ 130103 gals of Vistar and Slick Water with 268,560 #'s Ottawa sand.
The Codell is producing through a Composite Flow Through Plug.

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: <u>NIOBARRA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>01/18/2010</u>		Date of First Production this formation: <u>01/20/2010</u>			
Perforations	Top: <u>6596</u>	Bottom: <u>6906</u>	No. Holes: <u>196</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Commingled Codell / Niobrara</div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>01/29/2010</u>	Hours: <u>24</u>	Bbls oil: <u>17</u>	Mcf Gas: <u>140</u>	Bbls H2O: <u>25</u>	
Calculated 24 hour rate:		Bbls oil: <u>17</u>	Mcf Gas: <u>140</u>	Bbls H2O: <u>25</u>	GOR: <u>8235</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>200</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1233</u>	API Gravity Oil: <u>57</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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: Eileen Roberts

Title: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____