

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:

2554565

**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) 228-4330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30595-00 6. County: WELD  
7. Well Name: OPATRIL P Well Number: 12-22D  
8. Location: QtrQtr: NESE Section: 12 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 01/18/2010 Date of First Production this formation: 01/20/2010  
Perforations Top: 7438 Bottom: 7457 No. Holes: 76 Hole size: 41/100

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

FRAC'D CODELL W/137004 GALS OF SILVERSTIM AND SLICK WATER WITH 269.180 #'S OF OTTAWA SAND. CODELL IS PRODUCING THROUGH 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>J-NIOBRARA-CODELL</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>01/18/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>7158</u>	Bottom: <u>7920</u>	No. Holes: <u>244</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
COMMINGLE CODELL/NIOBRARA/J-SAND					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>01/29/2010</u>	Hours: <u>24</u>	Bbls oil: <u>48</u>	Mcf Gas: <u>327</u>	Bbls H2O: <u>57</u>	
Calculated 24 hour rate:		Bbls oil: <u>48</u>	Mcf Gas: <u>327</u>	Bbls H2O: <u>57</u>	GOR: <u>6813</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1000</u>	Tubing PSI: <u>0</u>	Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1326</u>	API Gravity Oil: <u>56</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: _____			

FORMATION: <u>J SAND</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>7886</u>	Bottom: <u>7920</u>	No. Holes: <u>96</u>	Hole size: <u>41/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
FRAC'D J-SAND W/148218 GALS OF SILVERSTIM AND SLICK WATER WITH 280,898 #'S OF OTTAWA SAND. J-SAND IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
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: <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: _____			

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/18/2010 Date of First Production this formation: 01/20/2010

Perforations Top: 7158 Bottom: 7322 No. Holes: 72 Hole size: 73/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

FRAC'D NIOBRARA W/238644 GALS OF SILVERSTIM AND SLICK WATER WITH 347,819 #'S OF OTTAWA SAND. NIOBARA 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: \_\_\_\_\_

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 Date: 5/21/2010 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: David G. Neslin Director of COGCC Date: 9/20/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554565	FORM 5A SUBMITTED	LF@2500711 2554565

Total Attach: 1 Files