

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:  
2554447

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  
City: DENVER State: CO Zip: 80202  
4. Contact Name: EILEEN ROBERTS  
Phone: (303) 2284330  
Fax: (303) 2284286

5. API Number 05-123-29944-00  
6. County: WELD  
7. Well Name: SCHMIDT G  
Well Number: 30-25  
8. Location: QtrQtr: NWSW Section: 30 Township: 4N Range: 65W Meridian: 6

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
Treatment Date: 02/10/2010 Date of First Production this formation: 03/04/2010  
Perforations Top: 7246 Bottom: 7262 No. Holes: 64 Hole size: 41/100  
Provide a brief summary of the formation treatment: Open Hole:   
FRACD CODELL WITH 133416 GALS OF VISTAR AND SLICK WATER WITH 270000 #S OF ATTAWA SAND.  
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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/10/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6952 Bottom: 7262 No. Holes: 112 Hole size: \_\_\_\_\_

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

COMMINGLE CODELL/NIOBRARA

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/12/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 427 Bbls H2O: 12

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 15 Mcf Gas: 427 Bbls H2O: 12 GOR: 28466

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 500 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1259 API Gravity Oil: 63

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: NIOBRARA Status: COMMINGLED

Treatment Date: 02/10/2010 Date of First Production this formation: 03/04/2010

Perforations Top: 6952 Bottom: 7045 No. Holes: 48 Hole size: 73/100

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

FRACD NIOBRARA WITH 173515 GALS OF VISTAR AND SLICK WATER WITH 250000 #S OF OTTAWA SAND.

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: REG SPEC Date: 5/19/2010 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 S. Nashin Director of COGCC Date: 9/21/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554447	FORM 5A SUBMITTED	LF@2500398 2554447

Total Attach: 1 Files