

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
----	----	----	----

Document Number:

2555038

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: ANDREA RAWSON
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30680-00 6. County: WELD
7. Well Name: WEINMASTER G Well Number: 32-18
8. Location: QtrQtr: SWNE Section: 32 Township: 4N Range: 65W Meridian: 6

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>04/16/2010</u>		Date of First Production this formation: <u>04/17/2010</u>	
Perforations	Top: <u>7004</u> Bottom: <u>7786</u>	No. Holes: <u>184</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>COMMINGLE CODELL, J-SAND AND NIOBRARA.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>04/23/2010</u>	Hours: <u>24</u>	Bbls oil: <u>29</u>	Mcf Gas: <u>647</u> Bbls H2O: <u>25</u>
Calculated 24 hour rate:		Bbls oil: <u>29</u>	Mcf Gas: <u>647</u> Bbls H2O: <u>25</u> GOR: <u>22310</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1000</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1264</u>	API Gravity Oil: <u>57</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/16/2010 Date of First Production this formation: 04/17/2010

Perforations Top: 7770 Bottom: 7786 No. Holes: 64 Hole size: 41/100

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

FRAC'D J-SAND W/149413 GALS OF SLICKWATER AND SILVERSTIM WITH 281520# OF OTTAWA SAND. J-SAND PRODUCING THROUGH COMPOSITE FLOW 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/16/2010 Date of First Production this formation: 04/17/2010

Perforations Top: 7004 Bottom: 7304 No. Holes: 120 Hole size: _____

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

NB PERFS 7004-7173, 72 HOLES @.73". FRAC'D NIOBRARA W/ 275,090 GALS SLICK WATER AND SILVERSTIM WITH 400,260#S OF OTTAWA SAND. NIOBRARA PRODUCING THROUGH COMPOSITE PLUG. CD PERFS 7292-7304, 48 HOLES @.42". FRAC'D CODE FRAC'D CODELL W/133863 GALS OF SLICKWATER, SILVERSTIM AND 15% HCL WITH 269920# OF OTTAWA SAND. CODELL PRODUCING THROUGH COMPOISTE FLOW 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: ANDREA RAWSON

Title: REGULATORY SPECIALIST

Date: 5/26/2010

Email ARAWSON@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. Neslin*

Director of COGCC

Date: 9/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555038	FORM 5A SUBMITTED	LF@2501682 2555038

Total Attach: 1 Files