

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:

400095499

**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: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Andrea Rawson  
Phone: (303) 228-4253  
Fax: (303) 228-4286

5. API Number 05-123-18971-00  
6. County: WELD  
7. Well Name: ADAM RED D  
Well Number: 26-11  
8. Location: QtrQtr: NESW Section: 26 Township: 3N Range: 64W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>06/10/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6970</u> Bottom: <u>6980</u>	No. Holes: <u>20</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell under sand plug at 7081.</u>	
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:	
<u>Will be commingled at a later date.</u>	
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: 06/10/2010 Date of First Production this formation: 06/11/2010

Perforations Top: 6726 Bottom: 6850 No. Holes: 64 Hole size: 0.27

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

Frac'd Niobrara w/ 172,110 gals of Slick Water and Vistar with 250,000#'s of Ottawa sand.

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

**Test Information:**

Date: 06/22/2010 Hours: 24 Bbls oil: 14 Mcf Gas: 22 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 22 Bbls H2O: 5 GOR: 1571

Test Method: Flowing Casing PSI: 240 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 API Gravity Oil: 47

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: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_