

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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COMPLETED INTERVAL REPORT

Document Number:

2511200

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: TANIA MCNUTT  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-13133-00 6. County: GARFIELD  
 7. Well Name: MCNEIL Well Number: 35-24A  
 8. Location: QtrQtr: SESW Section: 35 Township: 7S Range: 96W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CORCORAN Status: ABANDONED COMPLETION  
 Treatment Date: 06/29/2010 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 5885 Bottom: 6315 No. Holes: 0 Hole size: 34/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 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:  
FORMATION WATERING UP  
 Date formation Abandoned: 06/29/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: 5444 Sacks cement on top: 2

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 04/22/2007 Date of First Production this formation: 04/22/2007

Perforations Top: 3780 Bottom: 5884 No. Holes: 162 Hole size: 34/100

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

COMMINGLED, WILLIAMS FORK, CAMEO, CORCORAN FORMATIONS

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/13/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 1017 Bbls H2O: 147

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1017 Bbls H2O: 147 GOR: 0

Test Method: FLOWING Casing PSI: 890 Tubing PSI: 690 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1085 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5755 Tbg setting date: 04/25/2007 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: TANIA MCNUTT

Title: REGULATORY ANALYST Date: 9/15/2010 Email TMCNUTT@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: 10/1/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2511200	FORM 5A SUBMITTED	LF@2544352 2511200

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Added top and bottom perms. Changed formation to Williams Fork/Iles.	10/1/2010 2:13:21 PM

Total: 1 comment(s)