

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:

400099998

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-12683-00
6. County: WELD
7. Well Name: BAINBRIDGE
Well Number: 1
8. Location: QtrQtr: NWNE Section: 32 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>07/19/2010</u>	Date of First Production this formation: <u>01/20/1986</u>
Perforations Top: <u>7052</u> Bottom: <u>7069</u>	No. Holes: <u>86</u> Hole size: <u>53/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>The Codell is covered by a sand plug</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
<u>Sand plug 6925'-7110' on 7/19/10</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: 08/06/2010 Date of First Production this formation: 11/16/1992

Perforations Top: 6740 Bottom: 6956 No. Holes: 92 Hole size: 73/100

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

Niobrara refrac
Frac'd Niobrara w/ 173473 gals pHaserFrac and Acid with 251020 lbs Ottawa sand and pH control Ottawa sand

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

Test Information:

Date: 08/13/2010 Hours: 24 Bbls oil: 19 Mcf Gas: 273 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 19 Mcf Gas: 273 Bbls H2O: 0 GOR: 14368

Test Method: Flowing Casing PSI: 310 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1279 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: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Justin Garrett

Title: Regulatory Specialist Date: _____ Email JDGarrett@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: _____