

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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Document Number:

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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 05-123-23061-00
6. County: WELD
7. Well Name: FRENZEL B
Well Number: 15-6
8. Location: QtrQtr: SWNW Section: 15 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 09/01/2010 Date of First Production this formation: 12/03/2005
Perforations Top: 7075 Bottom: 7088 No. Holes: 52 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: ☐
Codell refrac
Frac'd Codell w/ 130435 gals Vistar with 247680 lbs 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: _____

FORMATION: <u> NIOBRARA-CODELL </u>			Status: <u> PRODUCING </u>		
Treatment Date: <u> 09/01/2010 </u>		Date of First Production this formation: <u> 12/03/2005 </u>			
Perforations	Top: <u> 6792 </u>	Bottom: <u> 7088 </u>	No. Holes: <u> 244 </u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Codell & Niobrara are commingled (always were)					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u> 09/10/2010 </u>	Hours: <u> 24 </u>	Bbls oil: <u> 20 </u>	Mcf Gas: <u> 92 </u>	Bbls H2O: <u> 5 </u>	
Calculated 24 hour rate:		Bbls oil: <u> 20 </u>	Mcf Gas: <u> 92 </u>	Bbls H2O: <u> 5 </u>	GOR: <u> 4600 </u>
Test Method: <u> Flowing </u>	Casing PSI: <u> 750 </u>	Tubing PSI: <u> 600 </u>	Choke Size: <u> 30/64 </u>		
Gas Disposition: <u> SOLD </u>	Gas Type: <u> WET </u>	BTU Gas: <u> 1283 </u>	API Gravity Oil: <u> 55 </u>		
Tubing Size: <u> 2 + 3/8 </u>	Tubing Setting Depth: <u> 7059 </u>	Tbg setting date: <u> 09/02/2010 </u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px;"></div>					
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>			

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: _____