

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

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: Justin Garrett  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-013-06181-00 6. County: BOULDER  
 7. Well Name: HODGSON Well Number: 1-21  
 8. Location: QtrQtr: NWSW Section: 21 Township: 1N Range: 69W Meridian: 6  
 9. Field Name: BOULDER VALLEY Field Code: 7468

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
 Treatment Date: 07/15/2010 Date of First Production this formation: 04/23/1986  
 Perforations Top: 7846 Bottom: 7860 No. Holes: 28 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 The Codell was covered by a sand plug for Niobrara recomplete, removed sand plug and commingled w/ Niobrara 8/5/10  
 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:  
 sand plug run 7623-7918 on 7/16/10  
 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: 08/05/2010 Date of First Production this formation: 08/10/2010

Perforations Top: 7504 Bottom: 7860 No. Holes: 92 Hole size: \_\_\_\_\_

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

Codell & Niobrara are commingled

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/27/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 60 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 60 Bbls H2O: 8 GOR: 12000

Test Method: Flowing Casing PSI: 749 Tubing PSI: 537 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 49

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7830 Tbg setting date: 08/17/2010 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 Status: COMMINGLED

Treatment Date: 08/05/2010 Date of First Production this formation: 08/10/2010

Perforations Top: 7504 Bottom: 7598 No. Holes: 64 Hole size: 73/100

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

Niobrara Recomplete  
The Codell is covered by a sand plug  
Frac'd Niobrara w/ 159720 gals Vistar, Acid, and Slick Water with ? lbs Ottawa sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/13/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 35 Bbls H2O: 4

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 35 Bbls H2O: 4 GOR: 5000

Test Method: Flowing Casing PSI: 180 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET 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: 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: \_\_\_\_\_