

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  
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 05-123-20415-00  
6. County: WELD  
7. Well Name: JURGENS  
Well Number: 8-14  
8. Location: QtrQtr: SENE Section: 8 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/04/2010 Date of First Production this formation: 05/24/2009

Perforations Top: 6800 Bottom: 6813 No. Holes: 92 Hole size: 42/100

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

Codell under sand plug for Niobrara recomplete 6/4/10, removed to commingle with Niobrara

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: NIORRARA-CODELL Status: PRODUCING

Treatment Date: 06/04/2010 Date of First Production this formation: 06/06/2010

Perforations Top: 6506 Bottom: 6813 No. Holes: 188 Hole size: \_\_\_\_\_

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

Niobrara and Codell commingled

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/03/2010 Hours: 24 Bbls oil: 24 Mcf Gas: 129 Bbls H2O: 26

Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 129 Bbls H2O: 26 GOR: 5375

Test Method: Flowing Casing PSI: 850 Tubing PSI: 200 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1532 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6784 Tbg setting date: 07/23/2010 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: NIORRARA Status: COMMINGLED

Treatment Date: 05/20/2010 Date of First Production this formation: 06/06/2010

Perforations Top: 6506 Bottom: 6710 No. Holes: 96 Hole size: 73/100

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

Niobrara recomplete  
Niobrara is producing through composite flow through plugs  
Frac'd Niobrara w/ 274226 gals pHaserFrac, Acid, and Slick Water with 400060 lbs Ottawa sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 06/25/2010 Hours: 24 Bbls oil: 21 Mcf Gas: 103 Bbls H2O: 20

Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 103 Bbls H2O: 20 GOR: 4905

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 0 Choke Size: 14/64

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: \_\_\_\_\_