

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 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 05-123-20808-00 6. County: WELD
7. Well Name: NAT'L HOG FARMS Well Number: 23-21
8. Location: QtrQtr: NESW Section: 21 Township: 5N Range: 63W 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: 08/29/2004
Perforations Top: 6520 Bottom: 6530 No. Holes: 40 Hole size:

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

Codell refrac
Frac'd Codell w/ 128771 gals Vistar and Slick Water with 241250 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>DAKOTA</u>		Status: <u>ABANDONED COMPLETION</u>	
Treatment Date: <u>05/19/2010</u>		Date of First Production this formation: <u>08/13/2002</u>	
Perforations	Top: <u>7262</u>	Bottom: <u>7280</u>	No. Holes: <u>72</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Dakota under permanent bridge plug			
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:			
Set 7180'-7183' with 25 sacks of cement on top of CIPF 5/19/10			
Date formation Abandoned: <u>05/19/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7180</u>		Sacks cement on top: <u>25</u>	

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/04/2010</u>		Date of First Production this formation: <u>08/29/2004</u>	
Perforations	Top: <u>6348</u>	Bottom: <u>7012</u>	No. Holes: <u>240</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
J-Sand, Niobrara, and Codell commingled Nothing happened to Niobrara or J-Sand during plugging Dakota or Codell refrac			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>07/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>7</u>	Mcf Gas: <u>11</u> Bbls H2O: <u>1</u>
Calculated 24 hour rate:		Bbls oil: <u>7</u>	Mcf Gas: <u>11</u> Bbls H2O: <u>1</u> GOR: <u>1571</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>930</u>	Tubing PSI: <u>930</u>	Choke Size: <u>58/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1308</u>	API Gravity Oil: <u>46</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6936</u>	Tbg setting date: <u>06/14/2010</u>	Packer Depth: _____
Reason for Non-Production:			
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: _____	

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

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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: _____