

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 05-123-23696-00  
6. County: WELD  
7. Well Name: SCOOTER D  
Well Number: 18-8JI  
8. Location: QtrQtr: NESE Section: 18 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>06/24/2010</u>	Date of First Production this formation: <u>08/02/2006</u>
Perforations Top: <u>7299</u> Bottom: <u>7312</u>	No. Holes: <u>52</u> Hole size: <u>          </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell covered by retrievable bridge plug for Niobrara recomple</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>          </u> Hours: <u>          </u>	Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u>
Calculated 24 hour rate:	Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u> GOR: <u>          </u>
Test Method: <u>          </u>	Casing PSI: <u>          </u> Tubing PSI: <u>          </u> Choke Size: <u>          </u>
Gas Disposition: <u>          </u>	Gas Type: <u>          </u> BTU Gas: <u>          </u> API Gravity Oil: <u>          </u>
Tubing Size: <u>          </u>	Tubing Setting Depth: <u>          </u> Tbg setting date: <u>          </u> Packer Depth: <u>          </u>
Reason for Non-Production:	
<u>bridge plug set 7238-7240 w/ 2 sacks of sand on top 6/24/10</u>	
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>

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 07/07/2010 Date of First Production this formation: 07/08/2010

Perforations Top: 7070 Bottom: 7086 No. Holes: 122 Hole size: 70/100

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

Niobrara recomplete  
Frac'd Niobrara w/177717 gals Vistar, Acid, and Slick Water with 250000 lbs Ottawa sand

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

**Test Information:**

Date: 07/16/2010 Hours: 24 Bbls oil: 19 Mcf Gas: 125 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 125 Bbls H2O: 3 GOR: 6579

Test Method: Flowing Casing PSI: 130 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 52

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: Jusstin 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: \_\_\_\_\_