

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:

2556162

**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: EILEEN ROBERTS  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-29665-00 6. County: WELD  
7. Well Name: MOSER X Well Number: 03-27  
8. Location: QtrQtr: SESE Section: 34 Township: 3N Range: 65W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/31/2010</u>	Date of First Production this formation: <u>05/04/2010</u>
Perforations Top: <u>7159</u> Bottom: <u>7169</u>	No. Holes: <u>40</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC'D CODELL W/154408 GALS OF SILVERSTIM AND SLICK WATER WITH 270,280#'S OF OTTAWA SAND. THE CODELL IS PRODUCING THROUGH A COMPISITE FLOW THROUGH PLUG.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: J-D-CODELL-NIOBRARA

Status: COMMINGLED

Treatment Date: 03/31/2010

Date of First Production this formation:

Perforations Top: 6928 Bottom: 7620 No. Holes: 136 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

COMMINGLE CODELL/NIOBRARA/J-SAND

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 05/13/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 399 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 399 Bbls H2O: 8 GOR: 9975

Test Method: FLOWING Casing PSI: 450 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1121 API Gravity Oil: 61

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: J SAND

Status: PRODUCING

Treatment Date: 03/31/2010

Date of First Production this formation: 05/04/2010

Perforations Top: 7608 Bottom: 7620 No. Holes: 48 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC'D J-SAND W/148345 GALS OF SILVERSTIM AND SLICK WATER WITH 270,000#S OF OTTAWA SAND. THE J-SAND IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

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: NIOBRARA Status: PRODUCING

Treatment Date: 03/31/2010 Date of First Production this formation: 05/04/2010

Perforations Top: 6928 Bottom: 7022 No. Holes: 48 Hole size: 73/100

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

FRAC'D NIOBRARA W/174136 GALS OF SILVERSTIM AND SLICKWATER WITH 250,240#'S OF 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: \_\_\_\_\_

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: EILEEN ROBERTS

Title: REGULATORY SPECIALIST Date: 6/21/2010 Email EROBERTS@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: David S. Neslin Director of COGCC Date: 10/26/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556162	FORM 5A SUBMITTED	LF@2509943 2556162

Total Attach: 1 Files