

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 05-123-22023-00  
6. County: WELD  
7. Well Name: GRUEN  
Well Number: 22-33  
8. Location: QtrQtr: SWSW Section: 22 Township: 6N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/11/2010 Date of First Production this formation: 07/26/2004  
Perforations Top: 6632 Bottom: 6925 No. Holes: 248 Hole size:           

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

Codell & Niobrara are commingled  
Nothing happend in Codell for Niobrara refrac

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

**Test Information:**

Date: 10/05/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 132 Bbls H2O: 11  
Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 132 Bbls H2O: 11 GOR: 10154  
Test Method: Flowing Casing PSI: 850 Tubing PSI: 580 Choke Size: 64/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 55  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6901 Tbg setting date: 09/24/2010 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: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/13/2010</u>		Date of First Production this formation: <u>07/26/2004</u>	
Perforations	Top: <u>6632</u>	Bottom: <u>6925</u>	No. Holes: <u>88</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Niobrara refrac Frac'd Niobrara w/166076 gals Vistar, Acid, and Slick Water with 250300 lbs Ottawa sand			
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: _____		

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: \_\_\_\_\_