

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:

2555195

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: ANDREA RAWSON
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-13035-00 6. County: WELD
7. Well Name: CPC BOHLENDER Well Number: 29-2
8. Location: QtrQtr: NWNE Section: 29 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/10/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7234</u> Bottom: <u>7251</u>	No. Holes: <u>68</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SI CDL TO SET SAND PLUG AT 7082. REMOVED SAND PLUG AND COMMINGLED WITH NBBR</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____	
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: NIOBRARA-CODELL Status: PRODUCING

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

Perforations Top: 6944 Bottom: 7251 No. Holes: 132 Hole size: _____

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

COMMINGLE CODELL AND NIOBRARA

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

Test Information:

Date: 04/16/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 353 Bbls H2O: 8

Calculated 24 hour rate: _____ Bbls oil: 16 Mcf Gas: 353 Bbls H2O: 8 GOR: 22062

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 380 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 69

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7206 Tbg setting date: 03/31/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 03/10/2010 Date of First Production this formation: 03/11/2010

Perforations Top: 6944 Bottom: 7042 No. Holes: 64 Hole size: 71/100

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

RE-FRAC NIOBRARA WITH 173796 GALS OF SLICK WATER, PHASERFRAC AND 15% HCl WITH 250000#S OF OTTAWA SAND.

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

Test Information:

Date: 03/16/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 56 Bbls H2O: 5

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 56 Bbls H2O: 5 GOR: 18666

Test Method: FLOWING Casing PSI: 180 Tubing PSI: 0 Choke Size: 40/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 69

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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 5/27/2010 Email: ARAWSON@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: 11/19/2010

Attachment Check List

Att Doc Num	Name
2555195	FORM 5A SUBMITTED

Total Attach: 1 Files