

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:

2555411

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 05-123-17285-00 6. County: WELD
7. Well Name: MICK D Well Number: 18-13
8. Location: QtrQtr: SWSW Section: 18 Township: 3N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/16/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7063</u> Bottom: <u>7076</u>	No. Holes: <u>52</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SET CODELL SAND PLUG AT 7129. REMOVED SAND PLUG TO COMMINGLE 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: 03/31/2010

Perforations Top: 6824 Bottom: 7076 No. Holes: 116 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: 04/09/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 75 Bbls H2O: 8

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 75 Bbls H2O: 8 GOR: 7500

Test Method: FLOWING Casing PSI: 750 Tubing PSI: 500 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1303 API Gravity Oil: 57

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7025 Tbg setting date: 03/29/2010 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: 03/15/2010 Date of First Production this formation: 03/16/2010

Perforations Top: 6824 Bottom: 6840 No. Holes: 64 Hole size: 27/100

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

FRACD NIOBRARA WITH 172620 GALS OF SLICK WATER, VISTAR, AND 15% HCl WITH 250000#S OF OTTAWA SAND.

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

Test Information:

Date: 03/25/2010 Hours: 24 Bbls oil: 14 Mcf Gas: 85 Bbls H2O: 6

Calculated 24 hour rate: _____ Bbls oil: 14 Mcf Gas: 85 Bbls H2O: 6 GOR: 6071

Test Method: FLOWING Casing PSI: 120 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1305 API Gravity Oil: 59

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: 6/2/2010 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: 11/22/2010

Attachment Check List

Att Doc Num	Name
2555411	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)