

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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COMPLETED INTERVAL REPORT

Document Number:

2555436

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: \_\_\_\_\_  
 3. Address: 1625 BROADWAY STE 2200 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-12764-00 6. County: WELD  
 7. Well Name: HANSCOME Well Number: 5  
 8. Location: QtrQtr: NWNE Section: 11 Township: 4N Range: 65W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
 Treatment Date: 03/12/2010 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 6993 Bottom: 7007 No. Holes: 56 Hole size: 42/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 SET CODELL UNDER SAND PLUG 2/26/10, REMOVED SAND PLUG AND COMMINGLED WITH NBBR  
 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: \_\_\_\_\_  
 WILL BE COMMINGLED AT A LATER DATE  
 Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/12/2010 Date of First Production this formation: 03/16/2010

Perforations Top: 6778 Bottom: 7007 No. Holes: 120 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: 03/26/2010 Hours: 24 Bbls oil: 9 Mcf Gas: 135 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 135 Bbls H2O: 6 GOR: 15000

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 500 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1226 API Gravity Oil: 70

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6978 Tbg setting date: 03/12/2010 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: 02/26/2010 Date of First Production this formation: 03/01/2010

Perforations Top: 6778 Bottom: 6900 No. Holes: 64 Hole size: 71/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

REFRAC NIOBRARA WITH 172192 GALS OF SLICK WATER, VISTAR, AND 15% HCl WITH 247000#S OF OTTAWA SAND.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/05/2010 Hours: 24 Bbls oil: 4 Mcf Gas: 48 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 48 Bbls H2O: 0 GOR: 12000

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1228 API Gravity Oil: 70

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. Nashin Director of COGCC Date: 11/22/2010

**Attachment Check List**

Att Doc Num	Name
2555436	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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