

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:

2509191

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) 228-4253

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-15083-00

6. County: WELD

7. Well Name: FREEDA REEVE

Well Number: 3-1

8. Location: QtrQtr: SENW Section: 1 Township: 4N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date:	04/09/2010	Date of First Production this formation:	04/29/2010
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Perforations	Top: 6810	Bottom: 7137	No. Holes: 128	Hole size:
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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:	05/07/2010	Hours:	24	Bbls oil:	7	Mcf Gas:	157	Bbls H2O:	9
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Calculated 24 hour rate:	Bbls oil:	7	Mcf Gas:	157	Bbls H2O:	9	GOR:	22428
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Test Method: FLOWING	Casing PSI: 440	Tubing PSI: 220	Choke Size: 14/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1239	API Gravity Oil:	68
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 7104 Tbg setting date: 04/26/2010 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: _____

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: 6/30/2010 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 G. Neslin

Director of COGCC

Date: 11/23/2010

Attachment Check List

Att Doc Num	Name
2509191	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)