

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 4. Contact Name: Justin Garrett  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-14447-00 6. County: WELD  
7. Well Name: EAST ERIE Well Number: 2-17 #1  
8. Location: QtrQtr: NENW Section: 17 Township: 1N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/01/2010</u>	Date of First Production this formation: <u>10/05/2010</u>
Perforations Top: <u>7855</u> Bottom: <u>7869</u>	No. Holes: <u>56</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>Codell recomplete Frac'd Codell w/129943 gals Vistar and Slick Water with 269800 lbs Ottawa sand</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>10/26/2010</u> Hours: <u>24</u> Bbls oil: <u>6</u> Mcf Gas: <u>12</u> Bbls H2O: <u>2</u>	
Calculated 24 hour rate:	Bbls oil: <u>6</u> Mcf Gas: <u>12</u> Bbls H2O: <u>2</u> GOR: <u>2000</u>
Test Method: <u>Flowing</u> Casing PSI: <u>714</u> Tubing PSI: <u>450</u> Choke Size: <u>32/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8278</u> Tbg setting date: <u>10/12/2010</u> Packer Depth: _____	
Reason for Non-Production: <div></div>	
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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/23/2010 Date of First Production this formation: 01/05/1990

Perforations Top: 8295 Bottom: 8314 No. Holes: 76 Hole size:

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

J Sand under RBP and sand plug for Codell recomplete

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:

Sand plug set 8235'-8245' 8/23/10  
RBP set 8245'-8246' 9/9/10

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: 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:

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)