

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:

2511857

**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 05-123-24458-00 6. County: WELD  
7. Well Name: RADY Well Number: 12-24  
8. Location: QtrQtr: SENW Section: 12 Township: 6N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>05/21/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6879</u> Bottom: <u>6891</u>	No. Holes: <u>48</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SET CODELL UNDER SAND PLUG @ 6986, REMOVED SAND PLUG TO COMMINGLE WITH NBBR</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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 Status: COMMINGLED

Treatment Date: 05/21/2010 Date of First Production this formation: 05/24/2010

Perforations Top: 6590 Bottom: 6800 No. Holes: 88 Hole size: 73/100

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

FRAC'D NIOBRARA W/ 95,886 GALS OF SLICK WATER AND PHASERFRAC WITH 150,480#'S OF OTTAWA SAND.

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

**Test Information:**

Date: 05/28/2010 Hours: 24 Bbls oil: 95 Mcf Gas: 344 Bbls H2O: 55

Calculated 24 hour rate: Bbls oil: 95 Mcf Gas: 344 Bbls H2O: 55 GOR: 3621

Test Method: FLOWING Casing PSI: 550 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1307 API Gravity Oil: 51

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: 7/14/2010 Email ARAWSON@NOBLEENERGYINC.COM  
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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: 11/23/2010

**Attachment Check List**

Att Doc Num	Name
2511857	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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Total: 0 comment(s)