



Document Number:

400095296

## 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: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 06/30/2010

Date of First Production this formation: 06/30/2010

Perforations	Top:	6590	Bottom:	6891	No. Holes:	136	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:	07/09/2010	Hours:	24	Bbls oil:	27	Mcf Gas:	119	Bbls H2O:	11
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Calculated 24 hour rate:	Bbls oil:	27	Mcf Gas:	119	Bbls H2O:	11	GOR:	4407
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Test Method: Flowing	Casing PSI: 1000	Tubing PSI: 800	Choke Size: 24/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1308	API Gravity Oil:	46
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 6861      Tbg setting date: 06/24/2010      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: 9/27/2010                      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
400095296	FORM 5A SUBMITTED

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