

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:

400111763

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 05-123-23993-00 6. County: WELD
7. Well Name: ERIE ROAD Well Number: 32-15
8. Location: QtrQtr: SWNE Section: 15 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | |
|---|---|
| FORMATION: <u>CODELL</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>10/27/2010</u> | Date of First Production this formation: <u>10/29/2010</u> |
| Perforations Top: <u>7860</u> Bottom: <u>7878</u> | No. Holes: <u>72</u> Hole size: <u>41/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>Codell/Niobrara recomplete</u> <u>Frac'd Codell w/134278 gals Silverstim, Acid, and Slick Water with 271800 lbs Ottawa sand</u> | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: _____ | |
| 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: _____ | |

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|--|-----------------------------|---|---|------------------------------|------------|
| FORMATION: <u>DAKOTA</u> | | | Status: <u>SHUT IN</u> | | |
| Treatment Date: <u>10/20/2010</u> | | Date of First Production this formation: <u>09/15/2006</u> | | | |
| Perforations | Top: <u>8474</u> | Bottom: <u>8510</u> | No. Holes: <u>96</u> | Hole size: <u>20 + 45/10</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Dakota under cast iron bridge plug | | | | | |
| This formation is commingled with another formation: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: | | | | | |
| CIBP set 8425'-8427' 10/20/10 | | | | | |
| 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: <u>NIOBRARA-CODELL</u> | | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>10/27/2010</u> | | Date of First Production this formation: <u>10/29/2010</u> | | | |
| Perforations | Top: <u>7618</u> | Bottom: <u>8484</u> | No. Holes: <u>160</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Codell/Niobrara recomplate Codell and Niobrara are commingled | | | | | |
| This formation is commingled with another formation: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Test Information: | | | | | |
| Date: <u>11/05/2010</u> | Hours: <u>24</u> | Bbls oil: <u>36</u> | Mcf Gas: <u>241</u> | Bbls H2O: <u>40</u> | |
| Calculated 24 hour rate: _____ | | Bbls oil: <u>36</u> | Mcf Gas: <u>241</u> | Bbls H2O: <u>40</u> | GOR: <u>6694</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>615</u> | Tubing PSI: <u>0</u> | Choke Size: <u>12/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | 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: 10/27/2010 Date of First Production this formation: 10/29/2010

Perforations Top: 7618 Bottom: 7730 No. Holes: 48 Hole size: 72/100

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

Codell/Niobrara recomplete
Frac'd Niobrara w/172145 gals Silverstim and Slick Water with 249960 lbs Ottawa sand

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:

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

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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: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
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| | | |

Total: 0 comment(s)