

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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**COMPLETED INTERVAL REPORT**

Document Number:

400111787

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 05-123-17291-00 6. County: WELD  
 7. Well Name: KAMMERZELL Well Number: 7-43  
 8. Location: QtrQtr: SWSE Section: 7 Township: 4N Range: 66W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
 Treatment Date: 10/19/2010 Date of First Production this formation: 12/10/1993  
 Perforations Top: 7319 Bottom: 7330 No. Holes: 80 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 [Nothing new happened in Codlell for Niobrara recomplete; now commingled]  
 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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/19/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7006 Bottom: 7330 No. Holes: 144 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Niobrara recomplete  
Codell & Niobrara are commingled

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 11/05/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 55 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 55 Bbls H2O: 5 GOR: 18333

Test Method: Flowing Casing PSI: 550 Tubing PSI: 425 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7293 Tbg setting date: 10/21/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 10/19/2010 Date of First Production this formation: 10/26/2010

Perforations Top: 7006 Bottom: 7124 No. Holes: 64 Hole size: 73/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Niobrara recomplete  
Frac'd Niobrara w/180468 gals Vistar, Acid, and Slick Water with 243900 lbs Ottawa sand and SB Excel

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**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)