

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2509186

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 05-123-16370-00 6. County: WELD
7. Well Name: CALLY WHITE Well Number: D 15-7
8. Location: QtrQtr: SWNE Section: 15 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/06/2009</u>	Date of First Production this formation: _____
Perforations Top: <u>6678</u> Bottom: <u>6955</u>	No. Holes: <u>140</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>COMMINGLE CODELL AND NIOBRARA</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/12/2009</u> Hours: <u>24</u> Bbls oil: <u>10</u> Mcf Gas: <u>50</u> Bbls H2O: <u>2</u>	
Calculated 24 hour rate: Bbls oil: <u>10</u> Mcf Gas: <u>50</u> Bbls H2O: <u>2</u> GOR: <u>5000</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1400</u> Tubing PSI: <u>900</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1353</u> API Gravity Oil: <u>53</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6927</u> Tbg setting date: <u>05/28/2009</u> 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: _____	

