

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:

400112852

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32086-00 6. County: WELD
7. Well Name: DeJong USX Well Number: AB13-06P
8. Location: QtrQtr: SENW Section: 13 Township: 7N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: _____		Status: _____	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: _____	Bottom: _____	No. Holes: _____
Hole size: _____		Provide a brief summary of the formation treatment: _____	
Open Hole: <input type="checkbox"/>		_____	
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: _____	

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: _____	_____	

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: _____ Email: eroberts@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400112931	UNIT CONFIGURATION MAP
400112932	PLAT
400112934	TOPO MAP

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)