

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:

2511650

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) 228-4330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30757-00 6. County: WELD
7. Well Name: MEEKS L Well Number: 30-18D
8. Location: QtrQtr: NESE Section: 30 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>06/14/2010</u>	Date of First Production this formation: <u>06/17/2010</u>
Perforations Top: <u>7550</u> Bottom: <u>8240</u>	No. Holes: <u>204</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>COMMINGLE CODELL/NIOBRARA/J-SAND</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/25/2010</u> Hours: <u>24</u> Bbls oil: <u>57</u> Mcf Gas: <u>175</u> Bbls H2O: <u>12</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>57</u> Mcf Gas: <u>175</u> Bbls H2O: <u>12</u> GOR: <u>3070</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>650</u> Tubing PSI: <u>0</u> Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1300</u> API Gravity Oil: <u>50</u>	
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: J SAND Status: PRODUCING

Treatment Date: 06/14/2010 Date of First Production this formation: 06/17/2010

Perforations Top: 8202 Bottom: 8240 No. Holes: 92 Hole size: 21 + 12/10

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

FRAC'D J-SAND W/145748 GALS OF VISTAR AND SLICK WATER WITH 297,580#S OF OTTAWA SAND. THE J-SAND IS PRODUCING THROUGH A COMPASITE FLOW THROUGH PLUG.

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: 06/14/2010 Date of First Production this formation: 06/17/2010

Perforations Top: 7550 Bottom: 7780 No. Holes: 112 Hole size: 73/100

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

FRAC'D NIOBRARA W/176949 GALS OF VISTAR AND SLICK WATER WITH 248,460# OF OTTAWA SAND. NB PERF 7550-7626' 48 HOLES SYO .073". CO PERFS 7794-7780' 64 HOLES SIZE 0.41 FRAC'D CODELL W/132299 GALS OF VISTAR AND SLICK WATER WITH 269,780#S OF OTTAWA SAND. THE CODELL IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

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: EILEEN ROBERTS

Title: REGULATORY SPECIALIST

Date: 8/6/2010

Email: EROBERTS@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: David S. Neslin

Director of COGCC

Date: 12/2/2010

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)