

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:

2511847

**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 05-123-13610-00 6. County: WELD  
7. Well Name: C. WATKINS Well Number: 18-6  
8. Location: QtrQtr: SENE Section: 18 Township: 4N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING  
Treatment Date: 04/26/2010 Date of First Production this formation: 04/26/2010  
Perforations Top: 6418 Bottom: 6696 No. Holes: 100 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
COMMINGLED CODELL AND NIOBARRA.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 04/30/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 117 Bbls H2O: 8  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 16 Mcf Gas: 117 Bbls H2O: 8 GOR: 7312  
Test Method: FLOWING Casing PSI: 700 Tubing PSI: 260 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1365 API Gravity Oil: 53  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6664 Tbg setting date: 03/22/2010 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: \_\_\_\_\_

Comment:

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

Signed: \_\_\_\_\_ Print Name: ANDREA RAWSON  
Title: REGULATORY Date: 7/12/2010 Email ARAWSON@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: \_\_\_\_\_

*David G. Neslin*  
Director of COGCC

Date: 12/9/2010

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2511847     | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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