

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:  
2511835

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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: ANDREA RAWSON  
Phone: (303) 228-4253  
Fax: (303) 228-4286

5. API Number 05-123-15117-00  
6. County: WELD  
7. Well Name: MEGAN H Well Number: 16-11  
8. Location: QtrQtr: NESW Section: 16 Township: 3N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 04/09/2010 Date of First Production this formation: 05/19/2010  
Perforations Top: 7162 Bottom: 7199 No. Holes: 100 Hole size:  
Provide a brief summary of the formation treatment: Open Hole:   
TRI-FRAC'D CODELL W/126,323 GALS OF SLICK WATER AND VISTAR WITH 242,740#S OF OTTAWA SAND.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 05/28/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 80 Bbls H2O: 3  
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 80 Bbls H2O: 3 GOR: 80000  
Test Method: FLOWING Casing PSI: 586 Tubing PSI: 551 Choke Size: 21/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 54  
Tubing Size: 2 + 1/6 Tubing Setting Depth: 7143 Tbg setting date: 04/14/2010 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: SUSSEX Status: PRODUCING

Treatment Date: 04/09/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 4500 Bottom: 4545 No. Holes: 90 Hole size: \_\_\_\_\_

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

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: ANDREA RAWSON

Title: REGULATORY Date: 7/15/2010 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 S. Neslin Director of COGCC Date: 12/9/2010

**Attachment Check List**

Att Doc Num	Name
2511835	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)