

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:

2511835

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 05-123-15117-00

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:
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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
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Calculated 24 hour rate:	Bbls oil:	1	Mcf Gas:	80	Bbls H2O:	3	GOR:	80000
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Test Method: FLOWING	Casing PSI: 586	Tubing PSI: 551	Choke Size: 21/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1266	API Gravity Oil:	54
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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
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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: 12/9/2010

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)