

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:

400101593

**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: Justin Garrett  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-23818-00 6. County: WELD  
7. Well Name: RADY Well Number: 12-23  
8. Location: QtrQtr: SWNW Section: 12 Township: 6N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>05/09/2010</u>	Date of First Production this formation: <u>07/17/2007</u>
Perforations Top: <u>6882</u> Bottom: <u>6895</u>	No. Holes: <u>52</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>sand plug removed after Niobrara recomple</u> <u>Frac'd Niobrara w/ 277074 gals pHaserFrac, Acid, and Slick Water with 250000 lbs Ottawa sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/09/2010 Date of First Production this formation: 05/09/2010

Perforations Top: 6600 Bottom: 6895 No. Holes: 148 Hole size:

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

Codell & Niobrara are commingled

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 06/18/2010 Hours: 24 Bbls oil: 32 Mcf Gas: 46 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 32 Mcf Gas: 46 Bbls H2O: 6 GOR: 1438

Test Method: Flowing Casing PSI: 1550 Tubing PSI: 350 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6870 Tbg setting date: 06/01/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 05/06/2010 Date of First Production this formation: 05/09/2010

Perforations Top: 6600 Bottom: 6798 No. Holes: 96 Hole size: 73/100

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

Niobrara recomplete 5/6/10  
Frac'd Niobrara w/100170 gals pHaserFrac and Slick Water with 150000 lbs Ottawa sand

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: Justin Garrett

Title: Regulatory Specialist Date: 10/19/2010 Email: JDGarrett@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
400101593	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)