

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:

400117736

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 05-123-25746-00 6. County: WELD  
 7. Well Name: Federal Well Number: CB4-24  
 8. Location: QtrQtr: NWNW Section: 24 Township: 8N Range: 60W Meridian: 6  
 9. Field Name: CLAY BASKET Field Code: 11340

Completed Interval

FORMATION: J SAND Status: PLUGGED AND ABANDONED  
 Treatment Date: 11/16/2010 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 6910 Bottom: 6912 No. Holes: 12 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Covered by a permanent cast iron bridge plug and 2 sks cement  
 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: \_\_\_\_\_  
 Cast Iron Bridge plug set 6861'  
 Date formation Abandoned: 11/16/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: 6861 Sacks cement on top: 2

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/22/2010 Date of First Production this formation: 11/27/2010

Perforations Top: 6114 Bottom: 6304 No. Holes: 124 Hole size: 73/100

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

Niobrara recomplete  
Frac'd Niobrara w/270228 gals Silverstim and Acid with 402100 lbs Ottawa sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 11/29/2010 Hours: 24 Bbls oil: 36 Mcf Gas: 0 Bbls H2O: 130

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 36 Mcf Gas: 0 Bbls H2O: 130 GOR: 0

Test Method: Flowing Casing PSI: 650 Tubing PSI: 100 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6384 Tbg setting date: 12/15/2010 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: Justin Garrett

Title: Regulatory Specialist Date: \_\_\_\_\_ Email JDGarrett@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: \_\_\_\_\_ Director of COGCC \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)