

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:

400117886

**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: Eileen Roberts  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
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: WILDCAT Field Code: 99999

Completed Interval

FORMATION: J SAND Status: ABANDONED COMPLETION

Treatment Date: 02/24/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 6910 Bottom: 6912 No. Holes: 12 Hole size: 0.73

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

J-Sand perfed 2/24/2010 incapable of production.

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:

Incapable of production.

Date formation Abandoned: 11/16/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt 2

Bridge Plug Depth: 6862 Sacks cement on top: 2

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/22/2010 Date of First Production this formation: 11/29/2010

Perforations Top: 6114 Bottom: 6304 No. Holes: 124 Hole size: 0.73

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

Frac'd Niobrara w/270228 gals of Silverstim and Slick Water with 402,100#'s of 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: 0

Gas Disposition: VENTED Gas Type: WET BTU Gas: 1146 API Gravity Oil: 55

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: Eileen Roberts

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@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
400117922	CEMENT JOB SUMMARY
400117923	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)