

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:

400100006

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 05-123-21259-00 6. County: WELD
7. Well Name: BAUMAN Well Number: 12-3
8. Location: QtrQtr: NWSW Section: 3 Township: 11N Range: 61W Meridian: 6
9. Field Name: FURY Field Code: 27925

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>08/03/2010</u>	Date of First Production this formation: <u>12/01/2006</u>
Perforations Top: <u>7116</u> Bottom: <u>7126</u>	No. Holes: <u>36</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>The Codell is covered by a retrievable bridge plug</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u></u> Hours: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u>	
Calculated 24 hour rate: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>	
Test Method: <u></u> Casing PSI: <u></u> Tubing PSI: <u></u> Choke Size: <u></u>	
Gas Disposition: <u></u> Gas Type: <u></u> BTU Gas: <u></u> API Gravity Oil: <u></u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production:	
<div>Spot 2 sxs sand 7041'-7043' on retrievable bridge plug 8/3/10</div>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 08/16/2010 Date of First Production this formation: 08/24/2010

Perforations Top: 6932 Bottom: 6948 No. Holes: 32 Hole size: 73/100

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

Niobrara recomplete
FRac'd Niobrara w/ 176677 gals Vistar and Acid with 250520 lbs Ottawa sand
choke size=open

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

Test Information:

Date: 09/03/2010 Hours: 24 Bbls oil: 47 Mcf Gas: 39 Bbls H2O: 26

Calculated 24 hour rate: _____ Bbls oil: 47 Mcf Gas: 39 Bbls H2O: 26 GOR: 830

Test Method: Flowing Casing PSI: 100 Tubing PSI: 130 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1403 API Gravity Oil: 36

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6878 Tbg setting date: 08/20/2010 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: 10/29/2010 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: David S. Neslin Director of COGCC Date: 12/29/2010

Attachment Check List

Att Doc Num	Name
400100006	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)