

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:

400101360

**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 05-123-22512-00 6. County: WELD  
7. Well Name: MARIE D Well Number: 4-19  
8. Location: QtrQtr: SENW Section: 4 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>07/21/2010</u>	Date of First Production this formation: <u>11/20/2004</u>
Perforations Top: <u>6901</u> Bottom: <u>6910</u>	No. Holes: <u>36</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>Codell refrac The Codell is producing through composite flow through plug Frac'd Codell w/ 139424 gals pHaserFrac, Acid, FA Acid, and Slick Water with 245220 lbs Ottawa sand</div>	
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: 07/21/2010

Date of First Production this formation: 07/23/2010

Perforations Top: 6640 Bottom: 6910 No. Holes: 76 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell & Niobrara are commingled  
Codell refrac & Niobrara recomplete

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 07/28/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 92 Bbls H2O: 29

Calculated 24 hour rate: Bbls oil: 33 Mcf Gas: 92 Bbls H2O: 29 GOR: 2788

Test Method: Flowing Casing PSI: 220 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 51

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:

FORMATION: NIOBRARA

Status: COMMINGLED

Treatment Date: 07/21/2010

Date of First Production this formation: 07/23/2010

Perforations Top: 6640 Bottom: 6708 No. Holes: 40 Hole size: 73/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara recomplete  
Frac'd Niobrara w/ 174348 gals pHaserFrac and Slick Water with 251043 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: Jusstin Garrett

Title: Regulatory Specialist

Date: 10/18/2010

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: 12/30/2010

### **Attachment Check List**

Att Doc Num	Name
400101360	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)