

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400101492

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 05-123-20808-00 6. County: WELD
7. Well Name: NAT'L HOG FARMS Well Number: 23-21
8. Location: QtrQtr: NESW Section: 21 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/04/2010</u>	Date of First Production this formation: <u>08/29/2004</u>
Perforations Top: <u>6520</u> Bottom: <u>6530</u>	No. Holes: <u>40</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell refrac</u> <u>Frac'd Codell w/ 128771 gals Vistar and Slick Water with 241250 lbs Ottawa sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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:	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: <u></u>	
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: DAKOTA Status: ABANDONED COMPLETION

Treatment Date: 05/19/2010 Date of First Production this formation: 08/13/2002

Perforations Top: 7262 Bottom: 7280 No. Holes: 72 Hole size: _____

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

Dakota under permanent bridge plug

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:

Set 7180'-7183' with 25 sacks of cement on top of CIPF 5/19/10

Date formation Abandoned: 05/19/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7180 Sacks cement on top: 25

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 06/04/2010 Date of First Production this formation: 08/29/2004

Perforations Top: 6348 Bottom: 7012 No. Holes: 240 Hole size: _____

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

J-Sand, Niobrara, and Codell commingled
Nothing happened to Niobrara or J-Sand during plugging Dakota or Codell refrac

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

Test Information:

Date: 07/01/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 11 Bbls H2O: 1

Calculated 24 hour rate: _____ Bbls oil: 7 Mcf Gas: 11 Bbls H2O: 1 GOR: 1571

Test Method: Flowing Casing PSI: 930 Tubing PSI: 930 Choke Size: 58/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6936 Tbg setting date: 06/14/2010 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: 10/18/2010 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: 12/30/2010

Attachment Check List

Att Doc Num	Name
400101492	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)