

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:

400100567

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 05-123-19003-00

6. County: WELD

7. Well Name: DINNER

Well Number: 1-14

8. Location: QtrQtr: SENE Section: 1 Township: 4N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 06/30/2010

Date of First Production this formation: 11/30/1995

Perforations	Top:	7081	Bottom:	7091	No. Holes:	80	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole:

Nothing new happened in Codell
Commingled w/ Niobrara upon Niobrara recomplete 7/9/10

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

Test Information:

Date:	Hours:	Bbls oil:	Mcf Gas:	Bbls H2O:
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method:	Casing PSI:	Tubing PSI:	Choke Size:
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Gas Disposition:	Gas Type:	BTU Gas:	API Gravity Oil:
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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: _____

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
400100567	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)