

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:

400101817

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 05-123-16979-00 6. County: WELD
7. Well Name: TANIA BLUE D Well Number: 2-15
8. Location: QtrQtr: SWSE Section: 2 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>09/01/2010</u>	Date of First Production this formation: <u>07/06/1993</u>
Perforations Top: <u>6836</u> Bottom: <u>6849</u>	No. Holes: <u>100</u> Hole size: <u>39/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell was under sand plug 8/20/10 for Niobrara recomplete; sand plug removed 9/1/10 upon Niobrara recomplete</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <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: 09/01/2010 Date of First Production this formation: 09/01/2010

Perforations Top: 6570 Bottom: 6849 No. Holes: 204 Hole size:

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

Niobrara and Codell are commingled

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

Test Information:

Date: 09/17/2010 Hours: 24 Bbls oil: 44 Mcf Gas: 81 Bbls H2O: 26

Calculated 24 hour rate: Bbls oil: 44 Mcf Gas: 81 Bbls H2O: 26 GOR: 1841

Test Method: Flowing Casing PSI: 900 Tubing PSI: 150 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1325 API Gravity Oil: 52

Tubing Size: 2 + 1/16 Tubing Setting Depth: 6789 Tbg setting date: 09/13/2010 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:

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/31/2010 Date of First Production this formation: 09/01/2010

Perforations Top: 6570 Bottom: 6636 No. Holes: 104 Hole size: 27/100

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

Niobrara recomplete
Frac'd Niobrara w/180999 gals Vistar and Acid with 250220 lbs Ottawa sand

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

Test Information:

Date: 09/09/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 66 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 66 Bbls H2O: 8 GOR: 5500

Test Method: Flowing Casing PSI: 180 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1325 API Gravity Oil: 52

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: Justin Garrett

Title: Regulatory Specialist Date: 10/19/2010 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
400101817	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)