

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:

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**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 05-123-10993-00 6. County: WELD  
7. Well Name: REYNOLDS Well Number: 1  
8. Location: QtrQtr: NWSW Section: 28 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>10/21/2010</u>	Date of First Production this formation: <u>04/08/1983</u>
Perforations Top: <u>7031</u> Bottom: <u>7049</u>	No. Holes: <u>75</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>Codell refrac Frac'd Codell w/127828 gals Vistar and Slick Water with 243960 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: <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: <div></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-CODELL Status: PRODUCING

Treatment Date: 10/21/2010 Date of First Production this formation: 10/25/1990

Perforations Top: 6712 Bottom: 7049 No. Holes: 88 Hole size:

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

Codell & Niobrara are commingled  
Nothing new happened in Niobrara during Codell refrac

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

**Test Information:**

Date: 12/10/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 86 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 86 Bbls H2O: 2 GOR: 28667

Test Method: Flowing Casing PSI: 300 Tubing PSI: 280 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1274 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7012 Tbg setting date: 10/25/2010 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:  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:  Director of COGCC Date:

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)