

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:

400102762

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 05-123-16553-00 6. County: WELD
7. Well Name: PARKER RED D Well Number: 23-2J
8. Location: QtrQtr: SEnw Section: 23 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/29/2010</u>	Date of First Production this formation: <u>06/30/2010</u>
Perforations Top: <u>6968</u> Bottom: <u>6982</u>	No. Holes: <u>56</u> Hole size: <u>27/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell recompleate</u> <u>Frac'd Codell w/132999 gals Vistar and Slick Water with 268000 lbs Ottawa sand</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: J-CODELL Status: COMMINGLED

Treatment Date: 06/29/2010 Date of First Production this formation: 06/30/2010

Perforations Top: 6968 Bottom: 7474 No. Holes: 102 Hole size:

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

Codell & J Sand are commingled
Codell recomplete and casing repair

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

Test Information:

Date: 07/12/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 30 Bbls H2O: 9

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 30 Bbls H2O: 9 GOR: 15000

Test Method: Flowing Casing PSI: 100 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1371 API Gravity Oil: 45

Tubing Size: 1.9 Tubing Setting Depth: 6947 Tbg setting date: 07/20/2010 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: J SAND Status: PRODUCING

Treatment Date: 06/11/2010 Date of First Production this formation: 06/11/1993

Perforations Top: 7434 Bottom: 7474 No. Holes: 46 Hole size:

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

The J Sand is producing through composite flow through plug
Plug set 7430'-7431.5' on 6/11/10

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: Justin Garrett

Title: Regulatory Specialist

Date: 10/21/2010

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: 1/13/2011

Attachment Check List

Att Doc Num	Name
400102762	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)