

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-12276-00 6. County: WELD
7. Well Name: HEINLE Well Number: 3
8. Location: QtrQtr: SENW Section: 16 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>12/09/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7157</u> Bottom: <u>7172</u>	No. Holes: <u>60</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell under sand plug at 7231.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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: _____	
<u>Will be commingled at a later date.</u>	
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 Status: PRODUCING

Treatment Date: 12/09/2010 Date of First Production this formation: 12/10/2010

Perforations Top: 6862 Bottom: 6980 No. Holes: 128 Hole size: 0.27

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

Re-Frac'd Niobrara w/ 165,616 gals of Slick Water, Vistar, and 15% HCl with 230,613#'s of Ottawa sand.

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

Test Information:

Date: 12/17/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 241 Bbls H2O: 22

Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 241 Bbls H2O: 22 GOR: 15062

Test Method: Flowing Casing PSI: 300 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1269 API Gravity Oil: 61

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: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email arawson@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)