

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:

400117508

**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: \_\_\_\_\_ Phone: (303) 228-4449  
3. Address: \_\_\_\_\_ Fax: (303) 228-4286  
City: \_\_\_\_\_ State: CO Zip: 80202

5. API Number 05-123-30924-00 6. County: WELD  
7. Well Name: Boulter G Well Number: 22-31D  
8. Location: QtrQtr: SENE Section: 21 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIORARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/19/2010</u>	Date of First Production this formation: <u>11/20/2010</u>
Perforations Top: <u>6994</u> Bottom: <u>7301</u>	No. Holes: <u>136</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<p>Codell &amp; Niobrara are commingled Both the Niobrara and the Codell are each producing through composite flow through plugs Codell 7285'-7301', 64 holes, .41" Frac'd Codell w/116071 gals Silverstim and Acid with 244240 lbs Ottawa sand Niobrara 6994'-7180', 72 holes, .73" Frac'd Niobrara w/271761 gals Silverstim &amp; Acid with 398220 lbs Ottawa sand</p>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/24/2010</u> Hours: <u>24</u> Bbls oil: <u>52</u> Mcf Gas: <u>613</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>52</u> Mcf Gas: <u>613</u> Bbls H2O: <u>0</u> GOR: <u>11788</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1000</u> Tubing PSI: <u>0</u> Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1293</u> API Gravity Oil: <u>61</u>	
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: _____	

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: 12/16/2010

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: 2/10/2011

### **Attachment Check List**

Att Doc Num	Name
400117508	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)