

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400140340

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 05-123-18559-00 6. County: WELD
7. Well Name: POPE Well Number: 19-1G6
8. Location: QtrQtr: NENE Section: 19 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 11/18/2010 Date of First Production this formation: 01/06/2011
Perforations Top: 7160 Bottom: 7180 No. Holes: 24 Hole size: 27
Provide a brief summary of the formation treatment: Open Hole: ☐
Re-Frac'd Codell w/ 126,995 gals of Slick Water and Vistar with 243,620#'s of Ottawa sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 01/11/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 16 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 16 Bbls H2O: 0 GOR: 5333
Test Method: Flowing Casing PSI: 700 Tubing PSI: 300 Choke Size: 32
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1298 API Gravity Oil: 57
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7150 Tbg setting date: 11/24/2010 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: Andrea Rawson
Title: Regulatory Specialist Date: _____ Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)