

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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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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32080-00 6. County: WELD
7. Well Name: Waugh PC Well Number: AB08-13
8. Location: QtrQtr: SWSW Section: 8 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORBARA-CODELL Status: PRODUCING

Treatment Date: 11/05/2010 Date of First Production this formation: 12/13/2010
Perforations Top: 6942 Bottom: 7245 No. Holes: 124 Hole size: 0

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

Frac'd Niobrara-Codell w/ 377244 gals of Silverstim and Slick Water with 628,827#'s of Ottawa sand.

Commingle Niobrara and Codell.

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

Test Information:

Date: 12/17/2010 Hours: 24 Bbls oil: 54 Mcf Gas: 31 Bbls H2O: 62
Calculated 24 hour rate: Bbls oil: 54 Mcf Gas: 31 Bbls H2O: 62 GOR: 574
Test Method: FLOWING Casing PSI: 210 Tubing PSI: 200 Choke Size: 036/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1195 API Gravity Oil: 43
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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email eroberts@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)