

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:

400142372

**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 05-123-25138-00

6. County: WELD

7. Well Name: FOSS

Well Number: 6-35

8. Location: QtrQtr: SESW Section: 6 Township: 6N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBARRA-CODELL

Status: PRODUCING

Treatment Date: 01/14/2011

Date of First Production this formation: 01/17/2011

Perforations Top: 6576 Bottom: 6872 No. Holes: 96 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara-Codell w/ 308570 gals of Silverstim and Slick Water with 519,200#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingled Niobrara and Codell.

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

**Test Information:**

Date: 01/25/2011 Hours: 17 Bbls oil: 177 Mcf Gas: 189 Bbls H2O: 63

Calculated 24 hour rate: Bbls oil: 177 Mcf Gas: 189 Bbls H2O: 63 GOR: 1067

Test Method: FLOWING Casing PSI: 650 Tubing PSI: 0 Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1312 API Gravity Oil: 46

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**

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

Total: 0 comment(s)