

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:

400145106

**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 05-123-26849-00 6. County: WELD  
7. Well Name: WILSON Well Number: 35-25  
8. Location: QtrQtr: SENW Section: 35 Township: 7N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 12/20/2010 Date of First Production this formation: 01/06/2011  
Perforations Top: 7032 Bottom: 7361 No. Holes: 120 Hole size: 0

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

Frac'd Niobrara-Codell w/ 309582 gals of Silverstim and Slick Water with 536,337#'s of Ottawa sand.

Commingle Niobrara and Codell.

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

**Test Information:**

Date: 01/21/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 61 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 61 Bbls H2O: 0 GOR: 1220  
Test Method: FLOWING Casing PSI: 1443 Tubing PSI: 121 Choke Size: 014/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1326 API Gravity Oil: 44  
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
400145106	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)