

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:

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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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31135-00 6. County: WELD
7. Well Name: SHERWOOD L Well Number: 30-29D
8. Location: QtrQtr: NWNW Section: 30 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/05/2011 Date of First Production this formation: 01/08/2011
Perforations Top: 7206 Bottom: 7906 No. Holes: 192 Hole size: _____
Provide a brief summary of the formation treatment: Open Hole: ☐
J Sand, Codell, and Niobrara are commingled; J Sand and Codell are each producing through composite flow through plugs.
J Sand 7862-7906, 104 holes, .41"
Frac'd J Sand w/146832 gals Silverstim and Slick Water with 280420 lbs Ottawa sand and SB Excel
Codell 7430-7440, 40 holes, .42"
Frac'd Codell w/131382 gals Silverstim, Acid, and Slick Water with 267940 lbs Ottawa sand
Niobrara 7206-7305, 48 holes, .72"
Frac'd Niobrara w/176006 gals Silverstim and Slick Water with 249120 lbs Preferred Rock

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

Test Information:

Date: 01/12/2011 Hours: 24 Bbls oil: 65 Mcf Gas: 237 Bbls H2O: 10
Calculated 24 hour rate: Bbls oil: 65 Mcf Gas: 237 Bbls H2O: 10 GOR: 3646
Test Method: Flowing Casing PSI: 900 Tubing PSI: 0 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 API Gravity Oil: 52
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: Justin Garrett

Title: Regulatory Specialist

Date: _____

Email: JDGarrett@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)