

**FORM
5A**Rev
02/08State 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:

400147938

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 05-123-29438-00 6. County: WELD
7. Well Name: GULLEY Well Number: 17-15
8. Location: QtrQtr: NWNE Section: 17 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/13/2011 Date of First Production this formation: 01/25/2011
Perforations Top: 6721 Bottom: 7032 No. Holes: 92 Hole size:

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

Niobrara perms 6721-6860. Codell perms 7021-7032. Frac Niobrara and Codell w/ 292,955 gals of Slick Water, silverstim, and 15% HCl with 496,700#s of Ottawa sand.
Codell producing through flow plug.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 02/11/2011 Hours: 24 Bbls oil: 11 Mcf Gas: 144 Bbls H2O: 7
Calculated 24 hour rate: Bbls oil: 11 Mcf Gas: 144 Bbls H2O: 7 GOR: 13090
Test Method: Flowing Casing PSI: 825 Tubing PSI: 0 Choke Size: 12
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1269 API Gravity Oil: 51
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: Andrea Rawson

Title: Regulatory Specialist

Date: _____

Email arawson@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)