

**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

**COMPLETED INTERVAL REPORT**

Document Number:

400154727

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 05-123-32108-00 6. County: WELD  
7. Well Name: PEPPLER PC AA Well Number: 17-25  
8. Location: QtrQtr: SESW Section: 17 Township: 6N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>02/22/2011</u>		Date of First Production this formation: <u>02/24/2011</u>		
Perforations	Top: <u>6470</u>	Bottom: <u>6774</u>	No. Holes: <u>96</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<p>Niobrara perms 6470-6482 (48 holes). Codell perms 6762-6774 (48 holes).Frac'd Niobrara and Codell w/ 273,497 gals of Slick Water, silverstim, and 15% HCl with 494,920#'s of Ottawa sand. Codell producing through flow plug. Commingled codell and Niobrara.</p>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>03/04/2011</u>	Hours: <u>24</u>	Bbls oil: <u>62</u>	Mcf Gas: <u>137</u>	Bbls H2O: <u>35</u>
Calculated 24 hour rate:		Bbls oil: <u>62</u>	Mcf Gas: <u>137</u>	Bbls H2O: <u>35</u> GOR: <u>2209</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>220</u>	Tubing PSI: <u>0</u>	Choke Size: <u>18</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1375</u>	API Gravity Oil: <u>49</u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <u></u>				
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>				
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>				

Comment:

<u></u>
---------

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

:

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)