

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 05-123-19633-00 6. County: WELD  
7. Well Name: FERME FARMS P Well Number: 3-06Di  
8. Location: QtrQtr: SENW Section: 13 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/10/2011</u>	Date of First Production this formation: <u>02/14/2011</u>
Perforations Top: <u>7292</u> Bottom: <u>7310</u>	No. Holes: <u>72</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell recomplete</u> <u>Frac'd Codell w/ 132426 gals Vistar and Slick Water with 275165 lbs Ottawa sand</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/11/2011</u> Hours: <u>24</u> Bbls oil: <u>100</u> Mcf Gas: <u>361</u> Bbls H2O: <u>66</u>	
Calculated 24 hour rate:	Bbls oil: <u>100</u> Mcf Gas: <u>361</u> Bbls H2O: <u>66</u> GOR: <u>3610</u>
Test Method: <u>Flowing</u> Casing PSI: <u>650</u> Tubing PSI: <u>0</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1190</u> API Gravity Oil: <u>59</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 01/25/2011 Date of First Production this formation: 10/21/1998

Perforations Top: 7741 Bottom: 7786 No. Holes: 68 Hole size:           

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

The J Sand is covered by a retrieveable bridge plug and a sand plug for Codell reocomplete

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

**Test Information:**

Date:            Hours:            Bbls oil:            Mcf Gas:            Bbls H2O:           

Calculated 24 hour rate:            Bbls oil:            Mcf Gas:            Bbls H2O:            GOR:           

Test Method:            Casing PSI:            Tubing PSI:            Choke Size:           

Gas Disposition:            Gas Type:            BTU Gas:            API Gravity Oil:           

Tubing Size:            Tubing Setting Depth:            Tbg setting date:            Packer Depth:           

Reason for Non-Production:

Retrieveable bridge plug set 7383'-7386'  
Sand plug 7371'-7383'

Date formation Abandoned: 01/25/2011 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

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**

User Group	Comment	Comment Date

Total: 0 comment(s)