

**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



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**COMPLETED INTERVAL REPORT**

Document Number:

400159968

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 05-123-26948-00 6. County: WELD  
7. Well Name: HAYTHORN Well Number: 4-21  
8. Location: QtrQtr: NENW Section: 4 Township: 6N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 03/08/2011 Date of First Production this formation: 03/12/2011Perforations Top: 7013 Bottom: 7330 No. Holes: 108 Hole size: 0Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd Niobrara-Codell w/ 272570 gals of Silvestim and Slick Water with 492,500#'s of Ottawa sand.

Commingled the Niobrara and Codell.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/18/2011 Hours: 24 Bbls oil: 80 Mcf Gas: 100 Bbls H2O: 20Calculated 24 hour rate: Bbls oil: 80 Mcf Gas: 100 Bbls H2O: 20 GOR: 1250Test Method: FLOWING Casing PSI: 1314 Tubing PSI: 495 Choke Size: 014/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1324 API Gravity Oil: 50

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](mailto:eroberts@nobleenergyinc.com)

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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)