

**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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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 05-123-19713-00 6. County: WELD  
7. Well Name: CARLSON V Well Number: 11-1JI  
8. Location: QtrQtr: NENE Section: 11 Township: 2N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>02/08/2011</u>	Date of First Production this formation: <u>02/23/1999</u>
Perforations Top: <u>7809</u> Bottom: <u>7860</u>	No. Holes: <u>80</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>J Sand producing through a cast iron flow through plug, Codell &amp; J Sand producing through a Composite flow through plug Codell/Niobrara recomplete; J Sand, Codell, &amp; Niobrara are commingled</u> <u>Nothing else new happened in J Sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u></u> Hours: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u>	
Calculated 24 hour rate: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>	
Test Method: <u></u> Casing PSI: <u></u> Tubing PSI: <u></u> Choke Size: <u></u>	
Gas Disposition: <u></u> Gas Type: <u></u> BTU Gas: <u></u> API Gravity Oil: <u></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>	

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 02/08/2011 Date of First Production this formation: 02/09/2011

Perforations Top: 7162 Bottom: 7388 No. Holes: 112 Hole size:

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

J Sand producing through a cast iron flow through plug, Codell & J Sand producing through a Composite flow through plug  
Codell/Niobrara recomplete; J Sand, Codell, & Niobrara are commingled  
Codell 7372'-7388', 64 holes, .41"  
Frac'd Codell w/117642 gals Silverstim, Acid, and Slick Water with 251121 lbs Ottawa sand  
Niobrara 7162'-7244', 48 holes, .73"  
Frac'd Niobrara w/158298 gals Silverstim and Slick Water with 242812 lbs Ottawa sand

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

**Test Information:**

Date: 02/18/2011 Hours: 24 Bbls oil: 26 Mcf Gas: 253 Bbls H2O: 7

Calculated 24 hour rate: Bbls oil: 26 Mcf Gas: 253 Bbls H2O: 7 GOR: 9731

Test Method: Flowing Casing PSI: 220 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1306 API Gravity Oil: 48

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

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**

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Total: 0 comment(s)