

**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:

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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 05-123-25635-00 6. County: WELD
7. Well Name: CFM RAY Well Number: 16-20
8. Location: QtrQtr: SESE Section: 20 Township: 11N Range: 61W Meridian: 6
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>12/21/2010</u>		Date of First Production this formation: <u>12/23/2010</u>		
Perforations	Top: <u>7034</u>	Bottom: <u>7046</u>	No. Holes: <u>48</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Codell recomplate Frac'd Codell w/131101 gals Vistar and Slick Water with 268820 lbs Ottawa sand</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>01/05/2011</u>	Hours: <u>24</u>	Bbls oil: <u>40</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>9</u>
Calculated 24 hour rate:		Bbls oil: <u>40</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>9</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1364</u>	API Gravity Oil: <u>38</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div></div>				
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: 12/13/2010 Date of First Production this formation: 10/24/2008

Perforations Top: 7592 Bottom: 7616 No. Holes: 72 Hole size:

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

J Sand under bridge plug & 2 sxs sand for Codell recomplete

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:

temporary Bridge Plug set 7507' 12/13/2010 w/ 2 sacks sand on top

Date formation Abandoned: 12/11/2010 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)