

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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COMPLETED INTERVAL REPORT

Document Number:

400164391

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 05-123-12906-00 6. County: WELD  
 7. Well Name: DINNEL Well Number: 3  
 8. Location: QtrQtr: SENW Section: 26 Township: 4N Range: 64W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING  
 Treatment Date: 11/30/2010 Date of First Production this formation: 12/02/2020  
 Perforations Top: 6528 Bottom: 6800 No. Holes: 136 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Codell & Niobrara are commingled  
 Codell was under sand plug for Niobrara recomplete; sand plug removed 12/15/2010  
 Codell 6785'-6800', 76 holes, .53" & .42"  
 Niobrara 6528'-6610', 60 holes, .73"  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 12/30/2010 Hours: 24 Bbls oil: 8 Mcf Gas: 70 Bbls H2O: 3  
 Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 70 Bbls H2O: 3 GOR: 8750  
 Test Method: Flowing Casing PSI: 600 Tubing PSI: 500 Choke Size: 20/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 55  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6750 Tbg setting date: 12/15/2010 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  
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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)