



## 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.

Document Number:

400146613

1. OGCC Operator Number: 100322

4. Contact Name: Cheryl Johnson

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4437

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-125-11948-00

6. County: YUMA

7. Well Name: Gardner Trusts

Well Number: 34-29

8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 46W Meridian: 6

9. Field Name: SCHRAMM Field Code: 76825

### Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 01/18/2011

Date of First Production this formation: 01/31/2011

Perforations	Top:	2533	Bottom:	2564	No. Holes:	93	Hole size:	3 + 1/8
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Provide a brief summary of the formation treatment:

Open Hole: ☒

Pumped 500gals 7.5% HCL acid, 167bbbls MAV-100 CO2 gelled water pad, 410 bbbls MAV-100 gelled waterw/ 50300# 16/30 Arizona sand and 4990# 12/20 Texas Gold sand, flush w/ 28bbbls MAV-100 CO2 gelled water

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

**Test Information:**

Date:	01/31/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	150	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	150	Bbls H2O:	0	GOR:	0
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Test Method: flowing	Casing PSI: 365	Tubing PSI:	Choke Size: 0.5
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	990	API Gravity Oil:	0
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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: Cheryl Johnson

Title: Regulatory Analyst II                      Date:                      Email cheryljohnson@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**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)