

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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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: 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 05-125-11944-00

6. County: YUMA

7. Well Name: Nelson

Well Number: 41-36

8. Location: QtrQtr: NENE Section: 36 Township: 2N Range: 47W 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:	2553	Bottom:	2594	No. Holes:	123	Hole size:	0.45
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Provide a brief summary of the formation treatment:

Open Hole: 

Pumped 1200 gals 7.5% HCL acid, 167bbls MAV-100 CO2 gelled fluid pad, 426 bbls MAV-100 CO2 gelled water w/52,080# 16/30 Arizona Sand and 24,580# 12/20 Texas Gold Sand. Flushed w/28.5 bbls MAV-100.

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

**Test Information:**

Date:	01/31/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	100	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	100	Bbls H2O:	0	GOR:	0
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Test Method: Flowing	Casing PSI: 299	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)