

**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:

400168465

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 05-123-30081-00 6. County: WELD
7. Well Name: ABBEY Well Number: D01-28
8. Location: QtrQtr: NWNE Section: 1 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 11/02/2010 Date of First Production this formation: 11/08/2010Perforations Top: 6562 Bottom: 6835 No. Holes: 108 Hole size: Provide a brief summary of the formation treatment: Open Hole: ☐

Codell & Niobrara are commingled; the Codell is producing through 2 composite flow through plugs
Codell 6826'-2835', 36 holes, .41"
Frac'd Codell w/132762 gals Silverstim, Acid, and Slick Water with 266243 lbs Ottawa sand
Niobrara 6562'-6710', 72 holes, .70"
Frac'd Niobrara w/272538 gals Silverstim, Acid, and Slick Water with 406401 lbs Ottawa sand

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/15/2011 Hours: 24 Bbls oil: 45 Mcf Gas: 195 Bbls H2O: 10Calculated 24 hour rate: Bbls oil: 45 Mcf Gas: 195 Bbls H2O: 10 GOR: 4333Test Method: Flowing Casing PSI: 950 Tubing PSI: 0 Choke Size: 10/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 55Tubing 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 GarrettTitle: 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

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

Total: 0 comment(s)