

**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



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Document Number:

400139040

**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: Andrea Rawson  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-13626-00 6. County: WELD  
7. Well Name: MERCURE Well Number: 6-1  
8. Location: QtrQtr: SESE Section: 6 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>12/20/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7137</u> Bottom: <u>7151</u>	No. Holes: <u>56</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell under sand plug at 7192.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	
<u>Will be commingled at a later date.</u>	
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: NIOBRARA	Status: PRODUCING
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Treatment Date:	12/20/2010	Date of First Production this formation:	12/22/2010
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Perforations	Top:	6836	Bottom:	6964	No. Holes:	64	Hole size:
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Provide a brief summary of the formation treatment: Open Hole: ☐

Re-Frac'd Niobrara w/ 168,235 gals of Vistar with 249,640#'s of Ottawa sand.

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

**Test Information:**

Date:	12/30/2010	Hours:	24	Bbls oil:	5	Mcf Gas:	98	Bbls H2O:	30
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Calculated 24 hour rate:	Bbls oil:	5	Mcf Gas:	98	Bbls H2O:	30	GOR:	19600
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Test Method: Flowing	Casing PSI: 360	Tubing PSI: 1100	Choke Size: 14
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1264	API Gravity Oil:	65
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 7119      Tbg setting date: 11/19/2011      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: Andrea Rawson

Title: Regulatory Specialist                      Date: 3/3/2011                      Email: arawson@nobleenergyinc.com

Att Doc Num	Name
400139040	FORM 5A SUBMITTED

Total Attach: 1 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)