

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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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: <u>100322</u>	4. Contact Name: <u>Justin Garrett</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4449</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-13157-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LINDSAY</u>	Well Number: <u>33-4</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>33</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>TEMPORARILY ABANDONED</u>		
Treatment Date: <u>03/24/2011</u>		Date of First Production this formation: <u>10/13/1986</u>		
Perforations	Top: <u>6900</u>	Bottom: <u>6917</u>	No. Holes: <u>58</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>Codell under sand plug for Niobrara refrac</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>Sand plug set 6829' 3/24/11</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: <u>NIOBRARA</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>04/08/2011</u>		Date of First Production this formation: <u>10/13/1986</u>			
Perforations	Top: <u>6682</u>	Bottom: <u>6820</u>	No. Holes: <u>73</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Niobrara refrac Frac'd Niobrara w/152222 gals Vistar, Acid, and Slick Water with 248000 lbs Ottawa sand					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>04/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>5</u>	Mcf Gas: <u>8</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>5</u>	Mcf Gas: <u>8</u>	Bbls H2O: <u>0</u>	GOR: <u>1600</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>600</u>	Tubing PSI: <u>600</u>	Choke Size: <u>48/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1312</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6882</u>	Tbg setting date: <u>05/31/2005</u>	Packer Depth: <u></u>		
Reason for Non-Production:					
<div></div>					
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>		
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>			

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**

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

Total: 0 comment(s)