

**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:

400170717

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 05-123-15780-00 6. County: WELD  
7. Well Name: MCKENNEY Well Number: 6-14  
8. Location: QtrQtr: SENE Section: 6 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 04/18/2011 Date of First Production this formation: 08/06/1992  
Perforations Top: 6784 Bottom: 7032 No. Holes: 182 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
Codell & Niobrara are commingled  
Codell 7018'-7032', 102 holes  
Niobrara 6784'-6906', 80 holes  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 04/29/2011 Hours: 24 Bbls oil: 13 Mcf Gas: 113 Bbls H2O: 10  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 13 Mcf Gas: 113 Bbls H2O: 10 GOR: 8692  
Test Method: Flowing Casing PSI: 472 Tubing PSI: 302 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1276 API Gravity Oil: 57  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6994 Tbg setting date: 04/19/2011 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: Justin Garrett  
Title: 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)