

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

5. API Number 05-123-23317-00  
6. County: WELD  
7. Well Name: RAGAN N  
Well Number: 14-1  
8. Location: QtrQtr: NENE Section: 14 Township: 5N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 04/14/2011	Date of First Production this formation: 01/11/2006
Perforations Top: 7289 Bottom: 7308	No. Holes: 76 Hole size: 42/100
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Codell refrac & Niobrara recomplete The Codell is producing through a composite flow through plug Frac'd Codell w/134792 gals Vistar, Acid, and Slick Water with 243360 lbs Ottawa sand	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____	
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-CODELL Status: PRODUCING

Treatment Date: 04/14/2011 Date of First Production this formation: 04/15/2011

Perforations Top: 6986 Bottom: 7308 No. Holes: 124 Hole size:

Provide a brief summary of the formation treatment:  Open Hole: ☐

Codell refrac & Niobrara recomplete  
Codell & Niobrara are commingled  
The Codell is producing through a composite flow through plug

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

**Test Information:**

Date: 04/17/2011 Hours: 24 Bbls oil: 20 Mcf Gas: 82 Bbls H2O: 59

Calculated 24 hour rate:  Bbls oil: 20 Mcf Gas: 82 Bbls H2O: 59 GOR: 4100

Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 12/16

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1279 API Gravity Oil: 57

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:

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 04/14/2011 Date of First Production this formation: 04/15/2011

Perforations Top: 6986 Bottom: 7124 No. Holes: 48 Hole size: 73/100

Provide a brief summary of the formation treatment:  Open Hole: ☐

Codell refrac & Niobrara recomplete  
Frac'd Niobrara w/151886 gals Vistar and Slick Water with 245660 lbs Ottawa sand

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

**Test Information:**

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:

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)