

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



DE	ET	OE	ES
----	----	----	----

Document Number:  
400170732

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: 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 05-123-14944-00 6. County: WELD  
 7. Well Name: SCHMIDT Well Number: 25-9F  
 8. Location: QtrQtr: NESE Section: 25 Township: 4N Range: 66W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
 Treatment Date: 04/01/2011 Date of First Production this formation: 04/03/1991  
 Perforations Top: 6740 Bottom: 7259 No. Holes: 194 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Codell & Niobrara are commingled  
 Sand plug removed from Codell 3/31/11 to commingle w/ Niobrara  
 Codell 7243'-7259', 100 holes  
 Niobrara 6940'-7123', 94 holes  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 04/01/2011 Hours: 24 Bbls oil: 17 Mcf Gas: 289 Bbls H2O: 1  
 Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 289 Bbls H2O: 1 GOR: 17000  
 Test Method: Flowing Casing PSI: 750 Tubing PSI: 510 Choke Size: 16/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7225 Tbg setting date: 03/30/2011 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**

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

Total: 0 comment(s)