

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:

400170746

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 05-123-25304-00   | 6. County: WELD    |
| 7. Well Name: SHELTON G.  | Well Number: 36-27 |
| 8. Location: QtrQtr: SESE Section: 25 Township: 4N Range: 65W Meridian: 6 |                    |
| 9. Field Name: WATTENBERG   | Field Code: 90750  |

## Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 03/03/2011

Date of First Production this formation: 04/12/2008

Perforations Top: 7105 Bottom: 7120 No. Holes: 60 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell refrac  
Frac'd Codell w/133980 gals Vistar and Slick Water with 242194 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: SOLD Gas Type: WET 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:

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 03/07/2011

Date of First Production this formation: 04/12/2008

Perforations Top: 6818 Bottom: 7120 No. Holes: 188 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell refrac; nothing new happened in Niobrara  
Codell & Niobrara are commingled

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 04/28/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 34 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 34 Bbls H2O: 1 GOR: 34000

Test Method: Flowing Casing PSI: 280 Tubing PSI: 250 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7094 Tbg setting date: 03/14/2011 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:

JDGarrett@nobleenergyinc.com

Email  
:

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)