

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:

400147519

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31126-00 6. County: WELD
7. Well Name: SHERWOOD L Well Number: 30-28D
8. Location: QtrQtr: NWNW Section: 30 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/20/2010</u>	Date of First Production this formation: <u>12/21/2010</u>
Perforations Top: <u>8086</u> Bottom: <u>8106</u>	No. Holes: <u>80</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd The J-Sand w/ 148289 gals of Silverstim and Slick Water with 279,800#'s of Ottawa sand.	
The J-Sand is producing through a Composite Flow Through Plug.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/30/2010</u> Hours: <u>15</u> Bbls oil: <u>60</u> Mcf Gas: <u>173</u> Bbls H2O: <u>21</u>	
Calculated 24 hour rate: Bbls oil: <u>60</u> Mcf Gas: <u>173</u> Bbls H2O: <u>21</u> GOR: <u>2883</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>540</u> Tubing PSI: <u>0</u> Choke Size: <u>012/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1281</u> API Gravity Oil: <u>53</u>	
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: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 12/20/2010 Date of First Production this formation: 12/21/2010

Perforations Top: 7410 Bottom: 7638 No. Holes: 124 Hole size: 0

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

Frac'd The Niobrara-Codell w/309637 gals of Silverstim and Slick Water with 518,260#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

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: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: 3/29/2011 Email: eroberts@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name
400147519	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)