



Document Number:

400154907

### 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 05-123-12272-00  
6. County: WELD  
7. Well Name: POLLOCK-HADDIX  
Well Number: 2  
8. Location: QtrQtr: NENE Section: 34 Township: 4N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

#### Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>02/18/2011</u>	Date of First Production this formation: <u>04/03/1985</u>
Perforations Top: <u>6832</u> Bottom: <u>6842</u>	No. Holes: <u>43</u> Hole size: <u>          </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Codell refrac and casing repair Frac'd Codell w/127413 gals Vistar and Slick Water with 245000 lbs Ottawa sand	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>          </u> Hours: <u>          </u>	Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u>
Calculated 24 hour rate:	Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u> GOR: <u>          </u>
Test Method: <u>          </u>	Casing PSI: <u>          </u> Tubing PSI: <u>          </u> Choke Size: <u>          </u>
Gas Disposition: <u>          </u>	Gas Type: <u>          </u> BTU Gas: <u>          </u> API Gravity Oil: <u>          </u>
Tubing Size: <u>          </u>	Tubing Setting Depth: <u>          </u> Tbg setting date: <u>          </u> Packer Depth: <u>          </u>
Reason for Non-Production: <u>          </u>	
Date formation Abandoned: <u>          </u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>          </u>
Bridge Plug Depth: <u>          </u>	Sacks cement on top: <u>          </u>

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	02/18/2011	Date of First Production this formation:	03/22/2006
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Perforations	Top:	6566	Bottom:	6842	No. Holes:	235	Hole size:
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Provide a brief summary of the formation treatment: Open Hole: ☐

Codell & Niobrara are commingled. Nothing happened to Niobrara for Codell refrac & casing repair.

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

**Test Information:**

Date:	03/11/2011	Hours:	24	Bbls oil:	5	Mcf Gas:	5	Bbls H2O:	4
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Calculated 24 hour rate:	Bbls oil:	5	Mcf Gas:	5	Bbls H2O:	4	GOR:	1000
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Test Method: Flowing	Casing PSI: 460	Tubing PSI: 350	Choke Size: 30/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	0	API Gravity Oil:	61
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 6806      Tbg setting date: 02/25/2011      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: 4/19/2011                      Email JDGarrett@nobleenergyinc.com

Att Doc Num	Name
400154907	FORM 5A SUBMITTED

Total Attach: 1 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)