

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:

400140435

**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: Andrea Rawson  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-12617-00 6. County: WELD  
7. Well Name: SMITH Well Number: 3  
8. Location: QtrQtr: SENW Section: 9 Township: 4N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/24/2010</u>	Date of First Production this formation: <u>01/04/2011</u>
Perforations Top: <u>6604</u> Bottom: <u>6900</u>	No. Holes: <u>310</u> Hole size: <u>          </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Codell perms 6881-6900. Tri-Frac'd Codell w/ 135,030 gals of Slick Water and 245,700#'s of Ottawa sand. Commingled Codell and Niobrara.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>01/04/2011</u> Hours: <u>24</u> Bbls oil: <u>4</u> Mcf Gas: <u>36</u> Bbls H2O: <u>1</u>	
Calculated 24 hour rate: Bbls oil: <u>4</u> Mcf Gas: <u>36</u> Bbls H2O: <u>1</u> GOR: <u>9000</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>550</u> Tubing PSI: <u>500</u> Choke Size: <u>32</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1306</u> API Gravity Oil: <u>57</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6860</u> Tbg setting date: <u>12/01/2010</u> Packer Depth: <u>          </u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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 Status: COMMINGLED

Treatment Date: 11/24/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6604 Bottom: 6714 No. Holes: 228 Hole size: \_\_\_\_\_

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

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: Andrea Rawson

Title: Regulatory Specialist Date: 3/8/2011 Email arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400140435	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)