

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:

400164271

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 05-123-14766-00
6. County: WELD
7. Well Name: BRUNTZ
Well Number: 16-2
8. Location: QtrQtr: NESE Section: 16 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/16/2011 Date of First Production this formation: 10/23/1990
Perforations Top: 6856 Bottom: 7166 No. Holes: 309 Hole size:

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

Codell trifrac; Codell & Niobrara are commingled
Codell 7151'-7166', 104 holes
Frac'd Codell w/128081 gals Vistar and Slick Water with 246080 lbs Ottawa sand
Niobrara 6856'-7041', 205 holes
Nothing new happened in Niobrara

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

Test Information:

Date: 04/01/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 100 Bbls H2O: 3
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 100 Bbls H2O: 3 GOR: 50000
Test Method: Flowing Casing PSI: 550 Tubing PSI: 550 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 67
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7137 Tbg setting date: 02/22/2011 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: 5/16/2011 Email JDGarrett@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400164271	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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