

**FORM  
5A**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400164403

**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 05-123-29986-00 6. County: WELD  
7. Well Name: DINNER Well Number: 1-15  
8. Location: QtrQtr: SENE Section: 1 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/27/2010</u>		Date of First Production this formation: <u>02/24/2006</u>	
Perforations	Top: <u>6852</u> Bottom: <u>7090</u>	No. Holes: <u>306</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Codell &amp; Niobrara are commingled Codell 7075'-7090', 60 holes Frac'd Codell w/1284243 gals Vistar with 245140 lbs Ottawa sand Niobrara 6852'-6972', 246 holes Nothing new happened in Niobrara during Codell refrac</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>02/18/2011</u>	Hours: <u>24</u>	Bbls oil: <u>10</u>	Mcf Gas: <u>50</u> Bbls H2O: <u>1</u>
Calculated 24 hour rate:		Bbls oil: <u>10</u>	Mcf Gas: <u>50</u> Bbls H2O: <u>1</u> GOR: <u>5000</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>600</u>	Tubing PSI: <u>600</u>	Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1278</u>	API Gravity Oil: <u>58</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7060</u>	Tbg setting date: <u>09/29/2010</u>	Packer Depth: _____
Reason for Non-Production: <div></div>			
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: _____			

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
400164403	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)