

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:

400164995

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 05-123-14902-00 6. County: WELD
7. Well Name: SCHMIDT Well Number: 19-10G
8. Location: QtrQtr: NWSE Section: 19 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/20/2011 Date of First Production this formation: 12/14/1992
Perforations Top: 6916 Bottom: 7227 No. Holes: 232 Hole size:

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

Codell & Niobrara are commingled
Codell trfrac; nothing new happened in Niobrara
Codell 7212'-7227', 80 holes
Frac'd Codell w/127618 gals Vistar and Slick Water with 244500 lbs Ottawa sand
Niobrara 6916'-7097', 152 holes

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

Test Information:

Date: 03/04/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 160 Bbls H2O: 9
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 160 Bbls H2O: 9 GOR: 32000
Test Method: Flowing Casing PSI: 320 Tubing PSI: 310 Choke Size: 30/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 66
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7199 Tbg setting date: 01/24/2011 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
400164995	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)