

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:

400149819

**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: Eileen Roberts  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30260-00 6. County: WELD  
7. Well Name: GLOVER USX B Well Number: 15-02CD  
8. Location: QtrQtr: NWSE Section: 15 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN

Treatment Date: 12/13/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7210 Bottom: 7224 No. Holes: 56 Hole size: 0.42

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

Frac'd Codell w/ 302610 gals of Vistar and Slick Water with 518,499#'s of Ottawa sand.

The Codell is covered by a Baker Composite Bridge Plug.

Bridge Plug permanent, 7248-7250.

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: \_\_\_\_\_

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/12/2011 Date of First Production this formation: 01/14/2011

Perforations Top: 7028 Bottom: 7126 No. Holes: 48 Hole size: 0.73

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

Frac'd Niobrara w/ 174985 gals of Vistar and Slick Water with 248,499#s of Ottawa sand.

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

**Test Information:**

Date: 01/25/2011 Hours: 24 Bbls oil: 48 Mcf Gas: 241 Bbls H2O: 18

Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 241 Bbls H2O: 18 GOR: 5020

Test Method: FLOWING Casing PSI: 150 Tubing PSI: 0 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1343 API Gravity Oil: 51

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: Eileen Roberts

Title: Regulatory Specialist Date: 4/5/2011 Email eroberts@nobleenergyinc.com

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**Attachment Check List**

Att Doc Num	Name
400149819	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)