

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400175751

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 05-123-10669-00 6. County: WELD
 7. Well Name: JOHNSON Well Number: 17-1
 8. Location: QtrQtr: SWSW Section: 17 Township: 4N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/23/2011 Date of First Production this formation: 11/09/1982

Perforations Top: 7241 Bottom: 7260 No. Holes: 83 Hole size: _____

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

Codell trfrac
Frac'd Codell w/127040 gals Vistar and Slick Water with 246120 lbs Ottawa sand

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: NIORARA-CODELL Status: COMMINGLED

Treatment Date: 03/23/2011 Date of First Production this formation: 11/09/1982

Perforations Top: 6932 Bottom: 7260 No. Holes: 111 Hole size: _____

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

Codell & Niobrara are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/06/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 145 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 145 Bbls H2O: 2 GOR: 29000

Test Method: Flowing Casing PSI: 630 Tubing PSI: 500 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7212 Tbg setting date: 03/28/2011 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: _____

FORMATION: NIORARA Status: PRODUCING

Treatment Date: 03/23/2011 Date of First Production this formation: 11/09/1982

Perforations Top: 6932 Bottom: 7124 No. Holes: 28 Hole size: _____

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

Nothing new happened in Niobrara during Codell trifrac

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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)