

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:

400146611

**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: Cheryl Johnson  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4437  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-125-11944-00 6. County: YUMA  
7. Well Name: Nelson Well Number: 41-36  
8. Location: QtrQtr: NENE Section: 36 Township: 2N Range: 47W Meridian: 6  
9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 01/18/2011 Date of First Production this formation: 01/31/2011  
Perforations Top: 2553 Bottom: 2594 No. Holes: 123 Hole size: 0.45  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Pumped 1200 gals 7.5% HCL acid, 167bbls MAV-100 CO2 gelled fluid pad, 426 bbls MAV-100 CO2 gelled water w/52,080# 16/30 Arizona Sand and 24,580# 12/20 Texas Gold Sand. Flushed w/28.5 bbls MAV-100.

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

**Test Information:**

Date: 01/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 299 Tubing PSI:        Choke Size: 0.5  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 API Gravity Oil: 0  
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: Cheryl Johnson

Title: Regulatory Analyst II Date: 5/18/2011 Email : cheryljohnson@nobleenergyinc.com

### **Attachment Check List**

Att Doc Num	Name
400146611	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)