

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:

400176122

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 05-123-31411-00 6. County: WELD
7. Well Name: WARDELL H Well Number: 19-32D
8. Location: QtrQtr: NWSW Section: 19 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/28/2011</u>	Date of First Production this formation: <u>04/29/2011</u>
Perforations Top: <u>8027</u> Bottom: <u>8074</u>	No. Holes: <u>128</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd J-Sand w/ 150452 gals of Silverstim and Slick Water with 280,020#'s of Ottawa sand.	
The J-sand is producing through a Composite Flow Through Plug.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/06/2011</u> Hours: <u>16</u> Bbls oil: <u>53</u> Mcf Gas: <u>510</u> Bbls H2O: <u>61</u>	
Calculated 24 hour rate: Bbls oil: <u>53</u> Mcf Gas: <u>510</u> Bbls H2O: <u>61</u> GOR: <u>9622</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>650</u> Tubing PSI: <u>0</u> Choke Size: <u>016/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1285</u> API Gravity Oil: <u>54</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____	
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: _____

FORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 04/28/2011 Date of First Production this formation: 04/29/2011
Perforations Top: 7366 Bottom: 7580 No. Holes: 112 Hole size: 0

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

Frac'd Niobrara-Codell w/ 272055 gals of Silverstim and Slick Water with 492,980#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

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

Test Information:

Date: 05/06/2011 Hours: 16 Bbls oil: 53 Mcf Gas: 510 Bbls H2O: 61
Calculated 24 hour rate: Bbls oil: 53 Mcf Gas: 510 Bbls H2O: 61 GOR: 9622
Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 016/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 54
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: 6/16/2011 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400176122	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)