

**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

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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 05-123-16497-00 6. County: WELD
7. Well Name: HAMILTON Well Number: 25-15B
8. Location: QtrQtr: SWSE Section: 25 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 12/06/2010 Date of First Production this formation: 01/26/1993
Perforations Top: 6688 Bottom: 7004 No. Holes: 180 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
Codell & Niobrara are commingled
Niobrara 6688'-6889', 100 holes
Codell 6989'-7004', 80 holes
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 12/08/2010 Hours: 24 Bbls oil: 47 Mcf Gas: 255 Bbls H2O: 20
Calculated 24 hour rate: _____ Bbls oil: 47 Mcf Gas: 255 Bbls H2O: 20 GOR: 5426
Test Method: Flowing Casing PSI: 1500 Tubing PSI: 1480 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1215 API Gravity Oil: 56
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6963 Tbg setting date: 12/02/2010 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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)