

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:

400197420

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

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: Justin Garrett

Phone: (303) 228-4449

Fax: (303) 228-4286

5. API Number 05-123-22440-00

7. Well Name: OCOMA B

8. Location: QtrQtr: SESE Section: 31 Township: 5N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 31-23

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 05/16/2011

Date of First Production this formation: 05/17/2011

Perforations Top: 7048 Bottom: 7062 No. Holes: 56 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell refrac & Niobrara recomplete
Codell is producing through a composit flow through plug
Frac'd Codell w/127071 gals Vistar, Acid, and Slick Water with 244160 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: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 05/16/2011

Date of First Production this formation: 05/17/2011

Perforations Top: 6764

Bottom: 7062

No. Holes: 104

Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell & Niobrara are commingled
Codell refrac & Niobrara recomplete

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 05/27/2011 Hours: 24 Bbls oil: 34 Mcf Gas: 198 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 34 Mcf Gas: 198 Bbls H2O: 3 GOR: 5284

Test Method: Flowing Casing PSI: 275 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7031 Tbg setting date: 05/03/2011 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: NIOBRARA

Status: COMMINGLED

Treatment Date: 05/16/2011

Date of First Production this formation: 05/17/2011

Perforations Top: 6764

Bottom: 6878

No. Holes: 48

Hole size: 73/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell refrac & Niobrara recomplete
Frac'd Codell w/137539 gals Vistar and Slick Water with 236240 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: _____

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: 8/22/2011 Email: JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400197420	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)