

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:

400209887

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: <u>100322</u>	4. Contact Name: <u>Justin Garrett</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4449</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-32616-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HEATH PC GK</u>	Well Number: <u>02-07</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>2</u> Township: <u>11N</u> Range: <u>61W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

## Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 07/21/2011Date of First Production this formation: 02/17/2011Perforations Top: 7610 Bottom: 7632 No. Holes: 88 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐J Sand under 2 CIBP w/2 sxs cement over each plugThis 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:

Bridge plugs set 7440' & 7530' with 2 sxs cement over each on 7/21/2011Date formation Abandoned: 07/21/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7440 Sacks cement on top: 2FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 07/29/2011Date of First Production this formation: 08/08/2011Perforations Top: 6824 Bottom: 7019 No. Holes: 128 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐Niobrara-Codell recomplete; the Codell & Niobrara are commingled  
Codell 6999'-7019', 80 holes, .41"  
Frac'd Codell w/115969 gals Silverstim, 15% HCl, and Slick Water with 243720 lbs Ottawa sand  
Niobrara 6824'-6848', 48 holes, .73"  
Frac'd Niobrara w/158652 gals Silverstim and Slick Water with 253180 lbs Ottawa sandThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/12/2011 Hours: 24 Bbls oil: 105 Mcf Gas: 39 Bbls H2O: 138Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 105 Mcf Gas: 39 Bbls H2O: 138 GOR: 371Test Method: Flowing Casing PSI: 68 Tubing PSI: 68 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1373 API Gravity Oil: 40Tubing Size: 2 + 7/8 Tubing Setting Depth: 7104 Tbg setting date: 08/05/2011 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: \_\_\_\_\_

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

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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
400209935	CEMENT JOB SUMMARY
400209936	CEMENT JOB SUMMARY

Total Attach: 2 Files

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)