

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:

400209940

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 05-123-07755-00  
6. County: WELD  
7. Well Name: JACOB SCHLEGEL  
Well Number: 1  
8. Location: QtrQtr: SWNE Section: 32 Township: 3N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 06/09/2011 Date of First Production this formation: 01/27/1993  
Perforations Top: 7230 Bottom: 7243 No. Holes: 72 Hole size:

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

Codell & J Sand are under sand plug for Niobrara refrac

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:

Sand plug set @ 7144' on 6/9/2011

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 06/09/2011 Date of First Production this formation: 02/26/1974

Perforations Top: 7692 Bottom: 7706 No. Holes: 30 Hole size:

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

Codell & J Sand are under sand plug for Niobrara refrac

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:

Sand plug set @ 7144' on 6/9/2011

Date formation Abandoned:  Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth:  Sacks cement on top:

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 07/29/2011 Date of First Production this formation: 01/27/1993

Perforations Top: 6990 Bottom: 7104 No. Holes: 84 Hole size:

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

Niobrara refrac  
Frac'd Niobrara w/148919 gals Vistar, 15% HCl, and Slick Water with 249000 lbs Ottawa sand

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

**Test Information:**

Date: 08/05/2011 Hours: 24 Bbls oil: 30 Mcf Gas: 132 Bbls H2O: 20

Calculated 24 hour rate:  Bbls oil: 30 Mcf Gas: 132 Bbls H2O: 20 GOR: 4400

Test Method: Flowing Casing PSI: 310 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1292 API Gravity Oil: 55

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:  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**

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

Total: 0 comment(s)