

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:

400214298

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: SUSAN MILLER
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4246
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-33511-00 6. County: WELD
7. Well Name: CARMIN USX Well Number: CC05-17D
8. Location: QtrQtr: NESE Section: 5 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 07/25/2011 Date of First Production this formation: 08/04/2011
Perforations Top: 6988 Bottom: 7000 No. Holes: 48 Hole size: 0

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

Pumped 244,500 lbs of Ottawa sand and 116,859 gals of 15% HCL, Slick Water and Silverstim into Codell formation. Codell formation producing through 3 composite flow through plugs.

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

Test Information:

Date: 08/12/2011 Hours: 24 Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54
Calculated 24 hour rate: Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54 GOR: 1122
Test Method: Flowing Casing PSI: 600 Tubing PSI: Choke Size: 12
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1140 API Gravity Oil: 47
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: DAKOTA Status: COMMINGLED

Treatment Date: 07/21/2011 Date of First Production this formation: 08/04/2011

Perforations Top: 7766 Bottom: 7774 No. Holes: 32 Hole size: 0

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Pumped 57,827 lbs of Ottawa sand and 38,727 gals of Slick Water and Silverstim into Dakota Fm. Dakota producing through 3 composite flow through plugs.

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

Test Information:

Date: 08/12/2011 Hours: 24 Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54

Calculated 24 hour rate: _____ Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54 GOR: 1122

Test Method: Flowing Casing PSI: 600 Tubing PSI: _____ Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1140 API Gravity Oil: 47

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: J SAND Status: COMMINGLED

Treatment Date: 07/21/2011 Date of First Production this formation: 08/04/2011

Perforations Top: 7444 Bottom: 7483 No. Holes: 128 Hole size: 0

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Pumped 281,693 lbs of Ottawa sand and 146,207 gals of Silverstim into J Sand Fm. J Sand is producing through 3 composite flow through plugs.

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

Test Information:

Date: 08/12/2011 Hours: 24 Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54

Calculated 24 hour rate: _____ Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54 GOR: 1122

Test Method: Flowing Casing PSI: 600 Tubing PSI: _____ Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1140 API Gravity Oil: 47

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: COMMINGLED

Treatment Date: 07/21/2011 Date of First Production this formation: 08/04/2011

Perforations Top: 6808 Bottom: 7000 No. Holes: 96 Hole size: 0

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Pumped 504,500 lbs of Ottawa sand and 275,906 gals of 15% HCL, Slick Water and Silverstim into Niobrara/Codell formations.

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

Test Information:

Date: 08/12/2011 Hours: 24 Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54

Calculated 24 hour rate: _____ Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54 GOR: 1122

Test Method: Flowing Casing PSI: 600 Tubing PSI: _____ Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1140 API Gravity Oil: 47

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 Status: COMMINGLED

Treatment Date: 07/21/2011 Date of First Production this formation: 08/04/2011

Perforations Top: 6808 Bottom: 6889 No. Holes: 48 Hole size: 0

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Pumped 260,000 lbs of Ottawa sand and 159,047 gals of Slick Water and Silverstim into Niobrara fm.

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

Test Information:

Date: 08/12/2011 Hours: 24 Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54

Calculated 24 hour rate: _____ Bbls oil: 131 Mcf Gas: 147 Bbls H2O: 54 GOR: 1122

Test Method: Flowing Casing PSI: 600 Tubing PSI: _____ Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1140 API Gravity Oil: 47

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: SUSAN MILLER

Title: REGULATORY ANALYST Date: _____ Email: smiller@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)