

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:  
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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: 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 05-123-31843-00 6. County: WELD  
 7. Well Name: SCHNEIDER USX Well Number: I131-12PD  
 8. Location: QtrQtr: SESW Section: 31 Township: 7N Range: 66W Meridian: 6  
 9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
 Treatment Date: 12/13/2010 Date of First Production this formation: 01/24/2012  
 Perforations Top: 7661 Bottom: 7673 No. Holes: 48 Hole size: 0  
 Provide a brief summary of the formation treatment: Open Hole:   
Pumped 270,900 lbs Ottawa sand and 134,883 gals 15% HCL, Silverstim and Slick water into Codell formation.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 01/25/2011 Hours: 6 Bbls oil: 61 Mcf Gas: 57 Bbls H2O: 6  
 Calculated 24 hour rate: Bbls oil: 61 Mcf Gas: 57 Bbls H2O: 6 GOR: 934  
 Test Method: Flowing Casing PSI: 1361 Tubing PSI: 612 Choke Size: 16  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1312 API Gravity Oil: 45  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7641 Tbg setting date: 12/17/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 12/13/2010 Date of First Production this formation: 01/24/2011

Perforations Top: 7349 Bottom: 7673 No. Holes: 96 Hole size: 0

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Pumped 525,906 lbs of Ottawa sand and 310,873 gals of Silverstim and Slick Water into Niobrara/Codell formations.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/25/2011 Hours: 6 Bbls oil: 61 Mcf Gas: 57 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 61 Mcf Gas: 57 Bbls H2O: 6 GOR: 934

Test Method: Flowing Casing PSI: 1361 Tubing PSI: 612 Choke Size: 16

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1312 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7641 Tbg setting date: 12/17/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 01/25/2011 Date of First Production this formation: 01/24/2011

Perforations Top: 7349 Bottom: 7491 No. Holes: 48 Hole size: 0

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Pumped 255,006 lbs Ottawa sand and 175,990 gals of Slick Water and Silverstim into Niobrara formation.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/25/2011 Hours: 6 Bbls oil: 61 Mcf Gas: 57 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 61 Mcf Gas: 57 Bbls H2O: 6 GOR: 934

Test Method: Flowing Casing PSI: 1361 Tubing PSI: 612 Choke Size: 16

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1312 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7641 Tbg setting date: 12/17/2010 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: 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**

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

Total: 0 comment(s)