

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:

400218000

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-24637-00
6. County: WELD
7. Well Name: FAULKNER-USX AB
Well Number: 29-25
8. Location: QtrQtr: NWSW Section: 29 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/29/2007 Date of First Production this formation: 04/09/2007
Perforations Top: 6786 Bottom: 7101 No. Holes: 176 Hole size: 0

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

Frac'd Niobrara-Codell w/ 1,000 gals of 15% HCL acid 8,862 gals of linear gel 155,524 gals of Silverstim w/ 32# gel loading and 349,540#s of Ottawa sand.

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

Test Information:

Date: 04/10/2007 Hours: 24 Bbls oil: 59 Mcf Gas: 31 Bbls H2O: 12
Calculated 24 hour rate: Bbls oil: 59 Mcf Gas: 31 Bbls H2O: 12 GOR: 525
Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 850 Choke Size: 0
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1252 API Gravity Oil: 42
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:

Ammended to include the NBRR Formation.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Eileen Roberts

Title: Regulatory Specialist Date: 10/25/2011 eroberts@nobleenergyinc.com

Email
:

Attachment Check List

Att Doc Num	Name
400218000	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)