

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:

400173654

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: Cheryl Johnson

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4437

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-125-11951-00

6. County: YUMA

7. Well Name:	Blach
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Well Number: 22-6B

8. Location: QtrQtr: SENW Section: 6 Township: 1N Range: 46W Meridian: 6

9. Field Name:	SCHRAMM	Field Code:	76825
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Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 05/05/2011

Date of First Production this formation: 05/16/2011

Perforations	Top:	2525	Bottom:	2563	No. Holes:	114	Hole size:	0.41
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Provide a brief summary of the formation treatment:

Open Hole:

Pump 500 gals 7.5% HCL acid, 167 bbls MAV-100 Gelled water pad, 607 bbls MAV-100 Gelled water w/50,020# 16/30 Daniels Sand and 50,020# 12/20 Daniels Sand. Flush w/27 bbls MAV-100 Gelled water.

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

Test Information:

Date:	05/16/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	118	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	118	Bbls H2O:	0	GOR:	0
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Test Method: Flowing	Casing PSI: 399	Tubing PSI:	Choke Size: 0.5
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	990	API Gravity Oil:	0
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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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: Cheryl Johnson

Title: Regulatory Analyst II Date: 11/17/2011 Email cheryljohnson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400173654	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)