

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC	Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-24866-00	6. County: WELD
7. Well Name: WEBB H	Well Number: 32-7
8. Location: QtrQtr: SWNE Section: 32 Township: 3N Range: 65W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

## Completed Interval

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 08/03/2011Date of First Production this formation: 08/17/2011Perforations Top: 7062 Bottom: 7249 No. Holes: 116 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell perms 7239-7249.(56 holes).  
Re-Frac'd Codell w/ 123,908 gals of Vistar with 245,630#'s of Ottawa sand.  
Commingled Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/01/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 36 Bbls H2O: 7Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 36 Bbls H2O: 7 GOR: 5143Test Method: Flowing Casing PSI: 700 Tubing PSI: 650 Choke Size: 36Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 7220 Tbg setting date: 08/10/2011 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: NIOBRARAStatus: COMMINGLEDTreatment Date: 08/31/2011

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7062 Bottom: 7077 No. Holes: 60 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐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:

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: Andrea RawsonTitle: Regulatory Specialist Date: \_\_\_\_\_ Email: arawson@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**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)