

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 05-123-25242-00

6. County: WELD

7. Well Name: ATREYU G

Well Number: 3-27

8. Location: QtrQtr: NESE Section: 34 Township: 5N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 06/27/2011

Date of First Production this formation: 08/16/2011

Perforations Top: 6932 Bottom: 7209 No. Holes: 184 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell perfs 7195-7209 (56 holes).
Re-Frac Codell w/ 125,737 gals of Slick Water and Vistar with 238,000#'s of Ottawa sand.
Commingled Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 08/26/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 31 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 31 Bbls H2O: 1 GOR: 15500

Test Method: Flowing Casing PSI: 350 Tubing PSI: 350 Choke Size: 32

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1252 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7173 Tbg setting date: 06/29/2011 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: NIOBRARA

Status: COMMINGLED

Treatment Date: 06/27/2011

Date of First Production this formation:

Perforations Top: 6932 Bottom: 7016 No. Holes: 128 Hole size:

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 Rawson

Title: 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)