

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400218052

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: Eileen Roberts

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31842-00

6. County: WELD

7. Well Name: FOSS USX AA

Well Number: 05-03

8. Location: QtrQtr: NENW Section: 5 Township: 6N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 12/20/2010

Date of First Production this formation: 12/22/2010

Perforations Top: 6549 Bottom: 6848 No. Holes: 88 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara-Codell w/ 479908 gals of Vistar and Slick Water with 515,340#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingled the Niobrara and codell.

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

Test Information:

Date: 12/29/2010 Hours: 24 Bbls oil: 88 Mcf Gas: 77 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 88 Mcf Gas: 77 Bbls H2O: 5 GOR: 875

Test Method: FLOWING Casing PSI: 260 Tubing PSI: 0 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1246 API Gravity Oil: 43

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: Eileen Roberts

Title: Regulatory Specialist

Date: 1/9/2012

Email eroberts@nobleenergyinc.com

### **Attachment Check List**

Att Doc Num	Name
400218052	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)