

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:

400235513

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 05-123-12870-00

6. County: WELD

7. Well Name: DARLENE DINNEL

Well Number: 1

8. Location: QtrQtr: SESW Section: 22

Township: 4N

Range: 64W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

### Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>11/07/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>6826</u> Bottom: <u>6840</u>	No. Holes: <u>13</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell under sand plug @ 6691.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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:	
<u>Will be commingled at a later date.</u>	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/07/2011</u>	Date of First Production this formation: <u>11/10/2011</u>
Perforations Top: <u>6569</u> Bottom: <u>6651</u>	No. Holes: <u>48</u> Hole size: <u>0.73</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac'd Niobrara w/ 151,550 gals of Slick Water, Vistar, and 15% HCl with 250,060#s of Ottawa sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/18/2011</u> Hours: <u>24</u>	Bbls oil: <u>19</u> Mcf Gas: <u>85</u> Bbls H2O: <u>8</u>
Calculated 24 hour rate:	Bbls oil: <u>19</u> Mcf Gas: <u>85</u> Bbls H2O: <u>8</u> GOR: <u>4474</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>830</u> Tubing PSI: <u>570</u> Choke Size: <u>16</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1289</u> API Gravity Oil: <u>57</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6784</u> Tbg setting date: <u>11/22/2011</u> Packer Depth: _____
Reason for Non-Production:	
<u></u>	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 12/27/2011 arawson@nobleenergyinc.com

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400235513	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)