

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:

400246165

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 05-123-34026-00 6. County: WELD
7. Well Name: GREEN USX Well Number: XX07-07D
8. Location: QtrQtr: SENE Section: 7 Township: 1N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/06/2011</u>	Date of First Production this formation: <u>10/13/2011</u>
Perforations Top: <u>8185</u> Bottom: <u>8260</u>	No. Holes: <u>88</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd the Dakota w/ 40945 gals of Silverstim and Slick Water with 57,800#'s of Ottawa sand.	
The Dakota is producing through a Composite Flow Through Plug.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/21/2011</u> Hours: <u>24</u> Bbls oil: <u>60</u> Mcf Gas: <u>100</u> Bbls H2O: <u>85</u>	
Calculated 24 hour rate:	Bbls oil: <u>60</u> Mcf Gas: <u>100</u> Bbls H2O: <u>85</u> GOR: <u>1666</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>350</u> Tubing PSI: <u>0</u> Choke Size: <u>012/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1233</u> API Gravity Oil: <u>60</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:	
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: J SAND Status: PRODUCING

Treatment Date: 10/06/2011 Date of First Production this formation: 10/13/2011

Perforations Top: 7983 Bottom: 8019 No. Holes: 88 Hole size: 0.4

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd the J-Sand w/ 147617 gals of Silverstim and Slick Water with 280,800#'s of Ottawa sand.

The J-Sand is producing through a Composite Flow Through Plug.

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

Test Information:

Date: 10/21/2011 Hours: 24 Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85

Calculated 24 hour rate: _____ Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85 GOR: 1666

Test Method: FLOWING Casing PSI: 350 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1233 API Gravity Oil: 60

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/06/2011 Date of First Production this formation: 10/13/2011

Perforations Top: 7316 Bottom: 7552 No. Holes: 88 Hole size: 0

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd the Niobrara-Codell w/ 275462 gals of Silverstim and Slick Water with 499,900#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

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

Test Information:

Date: 10/06/2011 Hours: 24 Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85

Calculated 24 hour rate: _____ Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85 GOR: 1666

Test Method: FLOWING Casing PSI: 350 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1233 API Gravity Oil: 60

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: _____

Email eroberts@nobleenergyinc.com

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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)