

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:

400245907

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: <u>100322</u>	4. Contact Name: <u>Andrea Rawson</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-17564-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HOUSTON</u>	Well Number: <u>17-7L</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>17</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
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Treatment Date: <u>07/01/2011</u>	Date of First Production this formation: <u>07/01/2011</u>
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Perforations	Top: <u>7222</u>	Bottom: <u>7232</u>	No. Holes: <u>20</u>	Hole size: _____
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Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Commingled Codell and Niobrara.

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

**Test Information:**

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
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Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
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Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
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Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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Reason for Non-Production: \_\_\_\_\_

\_\_\_\_\_

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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Bridge Plug Depth: _____	Sacks cement on top: _____
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FORMATION: <u>NIOBRARA</u>	Status: <u>COMMINGLED</u>
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Treatment Date: <u>07/01/2011</u>	Date of First Production this formation: <u>07/01/2011</u>
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Perforations	Top: <u>6876</u>	Bottom: <u>6948</u>	No. Holes: <u>128</u>	Hole size: _____
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Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Commingled Niobrara and Codell.

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

**Test Information:**

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
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Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
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Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
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Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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Reason for Non-Production: \_\_\_\_\_

\_\_\_\_\_

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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Bridge Plug Depth: _____	Sacks cement on top: _____
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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: 1/26/2012 arawson@nobleenergyinc.com

Email  
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### **Attachment Check List**

Att Doc Num	Name
400245907	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>
Permit	Removed test data. Reported on doc 400233441 dated 12/16/2011.	2/8/2012 9:38:58 AM

Total: 1 comment(s)