

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:

400233953

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 05-123-15729-00

6. County: WELD

7. Well Name: WARDELL

Well Number: 18-11J

8. Location: QtrQtr: NESW Section: 18 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 10/05/2011

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

Perforations Top: 7426 Bottom: 7440 No. Holes: 56 Hole size: 0.27

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:

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 10/05/2011Date of First Production this formation: 10/06/2011Perforations Top: 7152Bottom: 7440No. Holes: 184Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐Commingle codell and Niobrara.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/14/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 126 Bbls H2O: 8Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 126 Bbls H2O: 8 GOR: 10500Test Method: Flowing Casing PSI: 640 Tubing PSI: 630 Choke Size: 34Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 61Tubing Size: 2 + 1/16 Tubing Setting Depth: 7132 Tbg setting date: 10/03/2011 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: NIOBRARAStatus: COMMINGLEDTreatment Date: 10/05/2011Date of First Production this formation: 10/06/2011Perforations Top: 7152Bottom: 7212No. Holes: 128Hole size: 0.27

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 RawsonTitle: Regulatory Specialist Date: 12/19/2011 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400233953	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Formation info e-mailed and entered as per opr.	2/14/2012 3:16:46 PM
Permit	On hold for formation data to commingle the NB, commingle the CD, and Pr NB-CD.	1/27/2012 3:01:06 PM

Total: 2 comment(s)