

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:

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Date Received:

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 05-123-33701-00

6. County: WELD

7. Well Name: Five Rivers

Well Number: K04-20D

8. Location: QtrQtr: SWSW Section: 4 Township: 4N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 09/19/2011

Date of First Production this formation: 11/22/2011

Perforations Top: 7066 Bottom: 7401 No. Holes: 112 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara-Codell w/ 270848 gals of Silverstim and Slick Water with 493,500#'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: 12/02/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 271 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 271 Bbls H2O: 1 GOR: 18066

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1305 API Gravity Oil: 64

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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### **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)