

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:

400262768

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: 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 05-123-26158-00

6. County: WELD

7. Well Name: REINICK C

Well Number: 10-31

8. Location: QtrQtr: SENE Section: 9 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 10/21/2011

Date of First Production this formation: 10/30/2011

Perforations Top: 6832 Bottom: 6846 No. Holes: 56 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Re-Frac'd Codell w/ 128,906 gals of Vistar with 245,800#'s of Ottawa sand.  
Codell producing through flo plug.  
No perfs done to Niobrara.

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

Test Information:

Date: 11/03/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 12 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 12 Bbls H2O: 0 GOR: 3000

Test Method: Flowing Casing PSI: 540 Tubing PSI: 510 Choke Size: 36

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1321 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6816 Tbg setting date: 10/25/2011 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:

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: Email arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400262771	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)