

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:

400263131

Date Received:

03/20/2012

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 05-123-25291-00

6. County: WELD

7. Well Name: MCKENNEY

Well Number: 13-25

8. Location: QtrQtr: NENW Section: 13 Township: 6N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 11/30/2011

Date of First Production this formation: 12/21/2011

Perforations Top: 6818 Bottom: 6830 No. Holes: 48 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Re-Frac'd Codell w/ 128,368 gals of slick Water and Vistar with 247,942#s of Ottawa sand.  
No perms done to Niobrara.

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

Test Information:

Date: 12/30/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 92 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 92 Bbls H2O: 5 GOR: 7667

Test Method: Flowing Casing PSI: 562 Tubing PSI: 515 Choke Size: 34

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1320 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6795 Tbg setting date: 12/06/2011 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: 3/20/2012 Email: arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400263131	FORM 5A SUBMITTED
400263144	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)