

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:

400260385

Date Received:

03/12/2012

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

5. API Number 05-123-22800-00
6. County: WELD
7. Well Name: CROISSANT
Well Number: 19-43
8. Location: QtrQtr: SWSE Section: 19 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/01/2011 Date of First Production this formation: 12/12/2011

Perforations Top: 7012 Bottom: 7032 No. Holes: 80 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐

Re-Fac'd Codell w/ 131,582 gals of Vistar with 246,901#'s of Ottawa sand.

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

Test Information:

Date: 12/16/2011 Hours: 24 Bbls oil: 27 Mcf Gas: 206 Bbls H2O: 9

Calculated 24 hour rate: Bbls oil: 27 Mcf Gas: 206 Bbls H2O: 9 GOR: 7630

Test Method: Flowing Casing PSI: 600 Tubing PSI: 390 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6997 Tbg setting date: 11/08/2011 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: 3/12/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400260385	FORM 5A SUBMITTED
400260388	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)