

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:  
400263889

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: Tania McNutt  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-34339-00 6. County: WELD  
 7. Well Name: NYGREN USX O Well Number: 19-02D  
 8. Location: QtrQtr: NENE Section: 19 Township: 4N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
 Treatment Date: 10/31/2011 Date of First Production this formation: 12/09/2011  
 Perforations Top: 7074 Bottom: 7408 No. Holes: 120 Hole size: 0  
 Provide a brief summary of the formation treatment: Open Hole:   
 Pumped 502,987 lbs of Ottawa Proppant and 276,029 gallons of Silverstim and Slick Water.  
 The Codell is producing through a composite flow through plug  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 12/15/2011 Hours: 24 Bbls oil: 54 Mcf Gas: 183 Bbls H2O: 20  
 Calculated 24 hour rate: Bbls oil: 54 Mcf Gas: 183 Bbls H2O: 20 GOR: 3389  
 Test Method: FLOWING Casing PSI: 650 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1303 API Gravity Oil: 50  
 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: Tania McNutt  
 Title: Regulatory Analyst Date: \_\_\_\_\_ tmcnutt@nobleenergyinc.com

Email  
:

---

### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)