

**State of Colorado**  
**Oil and Gas Conservation Commission**

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



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Document Number:

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## 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
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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
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Calculated 24 hour rate:	Bbls oil:	54	Mcf Gas:	183	Bbls H2O:	20	GOR:	3389
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Test Method: FLOWING	Casing PSI: 650	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1303	API Gravity Oil:	50
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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**

Att Doc Num	Name

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)