

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



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Document Number:

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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

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: JEAN MUSE-REYNOLDS

Phone: (303) 228-4316

Fax: (303) 228-4286

5. API Number 05-123-29959-00

7. Well Name: MOSER H

6. County: WELD

Well Number: 28-27

8. Location: QtrQtr: NWNE Section: 28 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: Date of First Production this formation: 02/24/2012

Perforations Top: 6906 Bottom: 7608 No. Holes: 176 Hole size: 0.72

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

CODELL-PUMPED 246,096# OTTAWA 20/40 SAND AND 124,416 GALS OF 15% HCL AND SLICK/GELLED H2O.
NIOBRARA-PUMPED 245,585# OTTAWA 20/40 SAND AND 163,871 GALS OF 15% HCL AND SLICK/GELLED H2O.

CODELL IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

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

Test Information:

Date: 02/21/2012 Hours: 8 Bbls oil: 32 Mcf Gas: 219 Bbls H2O: 32

Calculated 24 hour rate: Bbls oil: 32 Mcf Gas: 219 Bbls H2O: 32 GOR: 6843

Test Method: flowing Casing PSI: Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1217 API Gravity Oil: 57

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7559 Tbg setting date: 03/16/2012 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: JEAN MUSE-REYNOLDS

Title: REGULATORY COMPLIANCE Date: jmuse@nobleenergyinc.com

Email
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)