

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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Date Received:

03/23/2012

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: SUSAN MILLER
Phone: (303) 228-4246
Fax: (303) 228-4286

5. API Number 05-123-33674-00
6. County: WELD
7. Well Name: DONALDSON USX
Well Number: EE29-12D
8. Location: QtrQtr: SWNW Section: 29 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 11/10/2011 Date of First Production this formation: 11/16/2011
Perforations Top: 7447 Bottom: 7746 No. Holes: 88 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: ☒
Pumped 493,960 lbs Ottawa sand, 272,797 gals of 15% HCL, Slick water, Silverstim.
This formation is commingled with another formation: ☒ Yes ☐ No
Test Information:
Date: 11/22/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 4 Bbls H2O: 6
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 4 Bbls H2O: 6 GOR: 1333
Test Method: Flowing Casing PSI: 289 Tubing PSI: Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 2300 API Gravity Oil: 46
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:

CODELL FORMATION PRODUCING THROUGH COMPOSITE FLOW THROUGH PLUG.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: SUSAN MILLER

Title: Regulatory Analyst III Date: 3/23/2012 Email: smiller@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400260744	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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