

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:

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: Liz Lindow
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34392-00 6. County: WELD
7. Well Name: NEI Well Number: C18-24D
8. Location: QtrQtr: NESW Section: 18 Township: 4N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/12/2012 Date of First Production this formation: 01/13/2012
Perforations Top: 7046 Bottom: 7255 No. Holes: 108 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
325377 lbs proppant ottawa sand, 388608 gal slick water
This formation is commingled with another formation: ☒ Yes ☐ No
Test Information:
Date: 01/19/2012 Hours: 24 Bbls oil: 43 Mcf Gas: 276 Bbls H2O: 24
Calculated 24 hour rate: _____ Bbls oil: 43 Mcf Gas: 276 Bbls H2O: 24 GOR: 6419
Test Method: Flowing Casing PSI: 900 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 121 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7227 Tbg setting date: 05/07/2012 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: Liz Lindow

Title: Regulatory Analyst Date: _____ Email: llindow@nobleenergyinc.com

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)