

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:

400288106

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 05-123-31185-00

6. County: WELD

7. Well Name: MARLEY C

Well Number: 01-33D

8. Location: QtrQtr: NWSW Section: 1 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 02/09/2012

Date of First Production this formation: 02/22/2012

Perforations Top: 6607 Bottom: 6801 No. Holes: 96 Hole size: 14/64

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pumped 470,721 lbs of Ottawa Proppant and 271,765 gallons of 15% HCL, Slick Water and Vistar

The Codell is producing through a composite flow through plug

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

Test Information:

Date: 03/02/2012 Hours: 12 Bbls oil: 81 Mcf Gas: 221 Bbls H2O: 52

Calculated 24 hour rate: Bbls oil: 81 Mcf Gas: 221 Bbls H2O: 52 GOR: 2728

Test Method: FLOWING Casing PSI: 950 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1284 API Gravity Oil: 51

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: _____

Email tmcnutt@nobleenergyinc.com

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Attachment Check List

| Att Doc Num | Name |
|-------------|------|
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Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)