

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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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 05-123-29784-00 6. County: WELD  
 7. Well Name: FOSS Well Number: 10-2-21  
 8. Location: QtrQtr: SENW Section: 10 Township: 6N Range: 64W Meridian: 6  
 9. Field Name: HARLECH Field Code: 33560

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/29/2012 Date of First Production this formation: 03/02/2012

Perforations Top: 6697 Bottom: 7009 No. Holes: 96 Hole size: \_\_\_\_\_

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

Pumped 503,812 lbs of Ottawa Proppant and 272,437 gallons of 15% HCL, Slick Water and Silverstim.  
The Codell is producing through a composite flow through plug

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 03/09/2012 Hours: 24 Bbls oil: 100 Mcf Gas: 308 Bbls H2O: 20

Calculated 24 hour rate: Bbls oil: 100 Mcf Gas: 308 Bbls H2O: 20 GOR: 3080

Test Method: FLOWING Casing PSI: 400 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1277 API Gravity Oil: 47

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

**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)