

FORM  
5A

Rev  
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400414352

Date Received:

05/13/2013

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 05-123-36262-00  
6. County: WELD  
7. Well Name: Jeanie  
Well Number: AB10-01R  
8. Location: QtrQtr: SENE Section: 10 Township: 7N Range: 64W Meridian: 6  
9. Field Name: TOM CAT Field Code: 82390

Completed Interval

FORMATION: LYONS Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 01/18/2013  
Perforations Top: 8775 Bottom: 8783 No. Holes: 32 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/02/2013 Hours: 24 Bbl oil: 188 Mcf Gas: 0 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 188 Mcf Gas: 0 Bbl H2O: 0 GOR:  
Test Method: FLOWING Casing PSI: 20 Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 41  
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: \*\* Wireline and Cement Job Summary must be attached.

Comment:

PERFORATED ONLY, NO TREATMENT.

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: 5/13/2013

Email: jmuse@nobleenergyinc.com

:

### Attachment Check List

Att Doc Num	Name
400414352	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)