

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:

400518014

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-17640-00
6. County: WELD
7. Well Name: DODERO
Well Number: 33-14L
8. Location: QtrQtr: SESW Section: 33 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 01/10/2009
Perforations Top: 7139 Bottom: 7363 No. Holes: 220 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐

COMMINGLE NB & CD

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: 01/23/2009 Hours: 24 Bbl oil: 42 Mcf Gas: 300 Bbl H2O: 6
Calculated 24 hour rate: Bbl oil: 42 Mcf Gas: 300 Bbl H2O: 6 GOR: 7142
Test Method: FLOWING Casing PSI: 435 Tubing PSI: 187 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1252 API Gravity Oil: 49
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7343 Tbg setting date: 01/08/2009 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:

--

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

Signed: _____ Print Name: Kathleen Mills

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

Attachment Check List

Att Doc Num Name

--	--

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

--	--	--

Total: 0 comment(s)