

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



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10/29/2009

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 AT
City: DENVER State: CO Zip: 80202
4. Contact Name: ANDREA RAWSON
Phone: (281) 876-6105
Fax: (281) 876-2503
Email:

5. API Number 05-123-17801-00
6. County: WELD
7. Well Name: STATE
Well Number: 36-1114
8. Location: QtrQtr: NESW Section: 36 Township: 4N Range: 64W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: 09/09/2009 End Date: Date of First Production this formation:

Perforations Top: 6805 Bottom: 6817 No. Holes: 48 Hole size:

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

CODL UNDER SAND PLUG.

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: WILL BE COMMINGLED AT A LATER DATE.

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____
Treatment Date: 09/09/2009 End Date: _____ Date of First Production this formation: 09/11/2009
Perforations Top: 6550 Bottom: 6624 No. Holes: 112 Hole size: 27/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

RE-FRAC'D NBRR W/ 171,654 GALS SLICKWATER, VISTAR & 15% HCl W/ 248,860# OTTAWA SAND.

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: 09/15/2009 Hours: 24 Bbl oil: 5 Mcf Gas: 58 Bbl H2O: 18
Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 58 Bbl H2O: 18 GOR: 11600
Test Method: FLOWING Casing PSI: 170 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1242 API Gravity Oil: 56
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:

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

Signed: Y Print Name: ANDREA RAWSON
Title: REG SPEC Date: 10/15/2009 Email: ARAWSON@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

Stamp Upon Approval

Total: 0 comment(s)