

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:
2554317

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: EILEEN ROBERTS
Phone: (303) 228-4330
Fax: (303) 228-4286

5. API Number 05-123-30810-00
6. County: WELD
7. Well Name: OLIN STATE L
Well Number: 16-20
8. Location: QtrQtr: NESW Section: 16 Township: 3N Range: 66W Meridian: 6

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 03/23/2010 Date of First Production this formation: 03/26/2010
Perforations Top: 7378 Bottom: 7394 No. Holes: 64 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole:
FRAC'D CODELL W/ 134064 GALS SILVERSTIM AND SLICK WATER WITH 269,458#'S OTTAWA SAND. CODELL IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.
This formation is commingled with another formation: Yes No
Test Information:
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 03/23/2010 Date of First Production this formation: _____

Perforations Top: 7140 Bottom: 7880 No. Holes: 200 Hole size: _____

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

COMMINGLE CODELL/NIOBRARA/J-SAND

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/01/2010 Hours: 24 Bbls oil: 66 Mcf Gas: 881 Bbls H2O: 78

Calculated 24 hour rate: _____ Bbls oil: 66 Mcf Gas: 881 Bbls H2O: 78 GOR: 13348

Test Method: FLOWING Casing PSI: 1750 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 60

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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 03/23/2010 Date of First Production this formation: 03/26/2010

Perforations Top: 7836 Bottom: 7880 No. Holes: 88 Hole size: 41/100

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

FRAC'D J-SAND W/ 156072 GALS SILVERSTIM AND SLICK WATER WITH 282,500#'S OTTAWA SAND. J-SAND IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/23/2010 Date of First Production this formation: 03/26/2010
Perforations Top: 7140 Bottom: 7236 No. Holes: 48 Hole size: 72/100

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

FRAC'D NIOBRARA W/ 174552 GALS SILVERSTIM AND SLICK WATER WITH 250,000#'S OTTAWA SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

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: EILEEN ROBERTS

Title: REGULATORY SPECIALIST Date: 5/14/2010 Email EROBERTS@NOBLEENERGYINC.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 9/17/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554317	FORM 5A SUBMITTED	LF@2500428 2554317

Total Attach: 1 Files