

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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Document Number:

2554358

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: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30219-00 6. County: WELD
7. Well Name: VYNCKIER W Well Number: 29-18
8. Location: QtrQtr: SWNE Section: 29 Township: 2N Range: 66W Meridian: 6

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/30/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7178</u>	Bottom: <u>7423</u>	No. Holes: <u>116</u> Hole size: <u>73/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>COMMINGLE CODELL/NIOBRARA</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>03/30/2010</u>	Hours: <u>24</u>	Bbls oil: <u>71</u>	Mcf Gas: <u>259</u> Bbls H2O: <u>53</u>
Calculated 24 hour rate:		Bbls oil: <u>71</u>	Mcf Gas: <u>259</u> Bbls H2O: <u>53</u> GOR: <u>3647</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>400</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>52</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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. *David S. Nestlin*

COGCC Approved: _____ Director of COGCC Date: 9/17/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554358	FORM 5A SUBMITTED	LF@2495015 2554358

Total Attach: 1 Files