

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:  
2554358

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 05-123-30219-00  
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: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 03/30/2010 Date of First Production this formation:  
Perforations Top: 7178 Bottom: 7423 No. Holes: 116 Hole size: 73/100  
Provide a brief summary of the formation treatment: Open Hole:   
COMMINGLE CODELL/NIOBRARA  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 03/30/2010 Hours: 24 Bbls oil: 71 Mcf Gas: 259 Bbls H2O: 53  
Calculated 24 hour rate: Bbls oil: 71 Mcf Gas: 259 Bbls H2O: 53 GOR: 3647  
Test Method: FLOWING Casing PSI: 400 Tubing PSI: 0 Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 52  
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. *David S. Neslin*

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