

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:
2555845

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 05-123-30273-00
6. County: WELD
7. Well Name: ARENS G Well Number: 22-18D
8. Location: QtrQtr: NWNE Section: 22 Township: 4N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 03/23/2010 Date of First Production this formation: 04/22/2010
Perforations Top: 7192 Bottom: 7207 No. Holes: 60 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole:
FRAC'D CODELL W/ 134180 GALS OF SILVERSTIM AND SLICK WATER WITH 270,260 #S OF 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6898 Bottom: 7207 No. Holes: 132 Hole size: _____

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

COMMINGLECODELL/NIOBRARA

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/30/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 549 Bbls H2O: 35

Calculated 24 hour rate: _____ Bbls oil: 33 Mcf Gas: 549 Bbls H2O: 35 GOR: 16636

Test Method: FLOWING Casing PSI: 1250 Tubing PSI: 1000 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 2393 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: NIOBRARA Status: COMMINGLED

Treatment Date: 03/23/2010 Date of First Production this formation: 04/22/2010

Perforations Top: 6898 Bottom: 7086 No. Holes: 72 Hole size: 73/100

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

FRAC'D NIOBRARA W/274380 GALS OF SILVERSTIM AND SLICK WATER WITH 399,980 #'S OF 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: 6/14/2010 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. Nashin Director of COGCC Date: 10/4/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555845	FORM 5A SUBMITTED	LF@2507976 2555845

Total Attach: 1 Files