

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:

2555496

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: _____
3. Address: 1625 BROADWAY STE 2200 Fax: _____
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30286-00 6. County: WELD
7. Well Name: CHESNUT G Well Number: 22-20D
8. Location: QtrQtr: SENW Section: 22 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/19/2010</u>		Date of First Production this formation: <u>03/20/2010</u>	
Perforations	Top: <u>7216</u>	Bottom: <u>7231</u>	No. Holes: <u>60</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
FRACD CODELL WITH 133763 GALS OF SILVERSTIM AND SLICK WATER WITH 269000 #S OF OTTAWA SAND. CODELL IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>7072</u> Bottom: <u>7231</u>	No. Holes: <u>108</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">COMMINGLE CODELL/NIOBRARA</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>03/26/2010</u>	Hours: <u>24</u>	Bbls oil: <u>80</u>	Mcf Gas: <u>977</u> Bbls H2O: <u>49</u>
Calculated 24 hour rate:		Bbls oil: <u>80</u>	Mcf Gas: <u>977</u> Bbls H2O: <u>49</u> GOR: <u>12213</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1200</u>	Tubing PSI: <u>0</u>	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1232</u>	API Gravity Oil: <u>59</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: _____	

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/19/2010</u>		Date of First Production this formation: <u>03/20/2010</u>	
Perforations	Top: <u>7072</u> Bottom: <u>7132</u>	No. Holes: <u>48</u>	Hole size: <u>73/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">FRACD NIOBRARA WITH 173741 GALS OF SILVERSTIM AND SLICK WATER WITH 249900#S OF OTTAWA SAND.</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>EILEEN ROBERTS</u>	
Title: <u>REGULATORY SPECIALIST</u>	Date: <u>6/8/2010</u>	Email: <u>EROBERTS@NOBLEENERGYINC.COM</u>	

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: 10/5/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555496	FORM 5A SUBMITTED	LF @ 2505848 2555496

Total Attach: 1 Files