

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:

2555428

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 05-123-30429-00 6. County: WELD
7. Well Name: ALLES F Well Number: 33-28D
8. Location: QtrQtr: NENW Section: 33 Township: 5N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/22/2009</u>	Date of First Production this formation: <u>10/23/2009</u>
Perforations Top: <u>6908</u> Bottom: <u>7138</u>	No. Holes: <u>72</u> Hole size: <u>73/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC'D NIOBRARA W/292782 GALS OF SILVERSTIM AND SLICKWATER WITH 447,350#S OF OTTAWA SAND. NIOBRARA IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/30/2009</u> Hours: <u>24</u> Bbls oil: <u>23</u> Mcf Gas: <u>297</u> Bbls H2O: <u>34</u>	
Calculated 24 hour rate:	Bbls oil: <u>23</u> Mcf Gas: <u>297</u> Bbls H2O: <u>34</u> GOR: <u>12913</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>500</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>1297</u> API Gravity Oil: <u>60</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 Date: 6/4/2010 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: 10/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555428	FORM 5A SUBMITTED	LF @ 2505738 2555428

Total Attach: 1 Files