

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:

2555428

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: NIOBRARA Status: PRODUCING

Treatment Date: 10/22/2009 Date of First Production this formation: 10/23/2009

Perforations Top: 6908 Bottom: 7138 No. Holes: 72 Hole size: 73/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

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:  Yes  No

**Test Information:**

Date: 10/30/2009 Hours: 24 Bbls oil: 23 Mcf Gas: 297 Bbls H2O: 34

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 23 Mcf Gas: 297 Bbls H2O: 34 GOR: 12913

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 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: \_\_\_\_\_

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