

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:

400101220

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-19249-00
6. County: WELD
7. Well Name: HOWARD
Well Number: 4-42
8. Location: QtrQtr: SWSE Section: 4 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>09/04/2010</u>	Date of First Production this formation: <u>11/22/1996</u>
Perforations Top: <u>7464</u> Bottom: <u>7476</u>	No. Holes: <u>80</u> Hole size: <u> </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u> </u> Hours: <u> </u>	Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:	Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u> GOR: <u> </u>
Test Method: <u> </u>	Casing PSI: <u> </u> Tubing PSI: <u> </u> Choke Size: <u> </u>
Gas Disposition: <u> </u>	Gas Type: <u> </u> BTU Gas: <u> </u> API Gravity Oil: <u> </u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u> Tbg setting date: <u> </u> Packer Depth: <u> </u>
Reason for Non-Production:	
<u>The Codell was covered by a sand plug 9/4/10, removed 9/17/10</u>	
Date formation Abandoned: <u> </u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>	Sacks cement on top: <u> </u>

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/03/2010</u>		Date of First Production this formation: <u>09/04/2010</u>	
Perforations	Top: <u>7304</u>	Bottom: <u>7476</u>	No. Holes: <u>136</u> Hole size: <u> </u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">Codell & Niobrara commingled</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>10/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>16</u>	Mcf Gas: <u>70</u> Bbls H2O: <u>3</u>
Calculated 24 hour rate:		Bbls oil: <u>16</u>	Mcf Gas: <u>70</u> Bbls H2O: <u>3</u> GOR: <u>4375</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>700</u>	Tubing PSI: <u>580</u>	Choke Size: <u>46/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1331</u>	API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7447</u>	Tbg setting date: <u>09/14/2010</u>	Packer Depth: <u> </u>
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>	

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/03/2010</u>		Date of First Production this formation: <u>09/04/2010</u>	
Perforations	Top: <u>7304</u>	Bottom: <u>7384</u>	No. Holes: <u>56</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;">Niobrara recomplete; commingled w/ Codell after recomplete Frac'd Niobrara w/ 175938 gals pHaserFrac, Acid, and Slick Water with 252052 lbs Ottawa sand</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>09/09/2010</u>	Hours: <u>24</u>	Bbls oil: <u>23</u>	Mcf Gas: <u>31</u> Bbls H2O: <u>19</u>
Calculated 24 hour rate:		Bbls oil: <u>23</u>	Mcf Gas: <u>31</u> Bbls H2O: <u>19</u> GOR: <u>1348</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>190</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>	

Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Justin Garrett

Title: Regulatory Specialist

Date: _____

Email: JDGarrett@nobleenergyinc.com

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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: _____

Director of COGCC

Date: _____