

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



DE ET OE ES

Document Number:

400101579

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 05-123-17005-00
6. County: WELD
7. Well Name: PARKER BLUE
Well Number: D 23-15
8. Location: QtrQtr: SWSE Section: 23 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 07/14/2010 Date of First Production this formation: 09/28/1993
Perforations Top: 6914 Bottom: 6927 No. Holes: 104 Hole size: 34/100

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

Codell was under sand plug 6790'-7036' for Niobrara recompleate 6/3/10, removed to commingle w/ Niobrara 7/14/10

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: 07/16/2010 Date of First Production this formation: 07/16/2010

Perforations Top: 6684 Bottom: 6927 No. Holes: 160 Hole size: _____

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

Codell & Niobrara are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/13/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 57 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 57 Bbls H2O: 5 GOR: 5700

Test Method: Flowing Casing PSI: 1050 Tubing PSI: 550 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1304 API Gravity Oil: 47

Tubing Size: 2 + 1/16 Tubing Setting Depth: 6885 Tbg setting date: 08/05/2010 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: 06/24/2010 Date of First Production this formation: 07/16/2010

Perforations Top: 6684 Bottom: 6698 No. Holes: 56 Hole size: 27/100

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

Niobrara recomplete
Frac'd Niobrara w/175434 gals Vistar, Acid, and Slick Water with 249380 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/23/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 1 Bbls H2O: 14

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 1 Bbls H2O: 14 GOR: 83

Test Method: Flowing Casing PSI: 240 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET 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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@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: _____ **Director of COGCC** Date: _____