

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:

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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 05-123-31164-00
6. County: WELD
7. Well Name: GREEN USX EE
Well Number: 13-08
8. Location: QtrQtr: SENE Section: 13 Township: 7N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/16/2010</u>		Date of First Production this formation: <u>09/25/2010</u>	
Perforations	Top: <u>6991</u> Bottom: <u>7292</u>	No. Holes: <u>96</u>	Hole size: <u> </u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Codell & Niobrara are commingled Codell 7280'-7292', 48 holes, .41" Frac'd Codell w/133686 gals Silverstim, Acid, and Slick Water with 263719 lbs Ottawa sand Niobrara 6991'-7003', 48 holes, .73" Frac'd Niobrara w/174258 gals Silverstim and Slick Water with 251630 lbs Ottawa sand</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>09/26/2010</u>	Hours: <u>24</u>	Bbls oil: <u>40</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>40</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>775</u>	Tubing PSI: <u>700</u>	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7270</u>	Tbg setting date: <u>09/22/2010</u>	Packer Depth: <u> </u>
Reason for Non-Production: <div></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:

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: _____