

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:

2555220

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: ANDREA RAWSON
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-16914-00 6. County: WELD
7. Well Name: MARKUS Well Number: 28-11
8. Location: QtrQtr: NESW Section: 28 Township: 5N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/04/2010</u>	Date of First Production this formation: <u>03/08/2010</u>
Perforations Top: <u>6718</u> Bottom: <u>7042</u>	No. Holes: <u>160</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>COMMINGLED CODELL AND NIOBARRA</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/16/2010</u> Hours: <u>24</u> Bbls oil: <u>9</u> Mcf Gas: <u>205</u> Bbls H2O: <u>4</u>	
Calculated 24 hour rate:	Bbls oil: <u>9</u> Mcf Gas: <u>205</u> Bbls H2O: <u>4</u> GOR: <u>22777</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>1500</u> Tubing PSI: <u>1500</u> Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1265</u> API Gravity Oil: <u>60</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7004</u> Tbg setting date: <u>03/04/2010</u> 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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 5/27/2100 Email ARAWSON@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 G. Neslin

Director of COGCC

Date: 11/19/2010

Attachment Check List

Att Doc Num	Name
2555220	FORM 5A SUBMITTED

Total Attach: 1 Files