

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

COMPLETED INTERVAL REPORT

Document Number:

400110724

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

5. API Number 05-123-15974-00 6. County: WELD
 7. Well Name: PLUSS Well Number: 32-43
 8. Location: QtrQtr: SWSE Section: 32 Township: 4N Range: 64W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED
 Treatment Date: 10/07/2010 Date of First Production this formation: 08/26/1992
 Perforations Top: 6982 Bottom: 6993 No. Holes: 99 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

 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 Status: PRODUCING

Treatment Date: 10/07/2010 Date of First Production this formation: 10/12/2010

Perforations Top: 6782 Bottom: 6868 No. Holes: 64 Hole size: 73/100

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

Niobrara recomplete
Frac'd Niobrara w/167233 gals Vistar, Acid, and Slick Water with 224000 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/15/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 74 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 74 Bbls H2O: 6 GOR: 11045

Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1375 API Gravity Oil: 54

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: SUSSEX Status: ABANDONED COMPLETION

Treatment Date: 10/07/2010 Date of First Production this formation: 10/30/1992

Perforations Top: 4406 Bottom: 4416 No. Holes: 40 Hole size: _____

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

Sussex squeezed w/ 150 sx of "G"

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: _____

Sussex squeezed

Date formation Abandoned: 09/23/2010 Squeeze: Yes No If yes, number of sacks cmt 150

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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)