

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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COMPLETED INTERVAL REPORT

Document Number:

2511421

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 05-123-30608-00 6. County: WELD
 7. Well Name: ARENS G Well Number: 26-19
 8. Location: QtrQtr: SWNW Section: 26 Township: 4N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
 Treatment Date: 04/05/2010 Date of First Production this formation: 04/07/2010
 Perforations Top: 6774 Bottom: 7557 No. Holes: 184 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
CODELL, NIOBRARA, & J-SAND ARE COMMINGLED.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: 24 Bbls oil: 1 Mcf Gas: 11 Bbls H2O: 3
 Calculated 24 hour rate: _____ Bbls oil: 1 Mcf Gas: 11 Bbls H2O: 3 GOR: 1011
 Test Method: FLOWING Casing PSI: 1900 Tubing PSI: 1500 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 64
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7512 Tbg setting date: 04/09/2010 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: J SAND Status: PRODUCING

Treatment Date: 04/05/2010 Date of First Production this formation: 04/07/2010

Perforations Top: 7531 Bottom: 7557 No. Holes: 76 Hole size: 41/100

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

FRAC'D J-SAND W/144900 GALS OF VISTAR AND SLICKWATER WITH 280000 LBS OF OTTAWA SAND AND SB EXCEL.

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: 04/05/2010 Date of First Production this formation: 04/07/2010

Perforations Top: 6774 Bottom: 7066 No. Holes: 108 Hole size: _____

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

CD PERFS 7051-7066, 60 HOLES, SIZE 0-42". FRAC'D CODELL W/133119 GALS OF VISTAR, ACID, AND SLICKWATER WITH 270250 LBS OF OTTAWA SAND. NB PERFS 6774-6862, 48 HOLES, SIZE 0.73. FRAC'D NB W/172410 GALS VISTAR & SW W/249,000 LBS OTTAWA SAND.

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: _____

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

Date: 7/27/2010

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: David S. Neslin

Director of COGCC

Date: 11/24/2010

Attachment Check List

Att Doc Num	Name
2511421	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)