

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:

2509195

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) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-15917-00 6. County: WELD
 7. Well Name: SPIKE ST GWS Well Number: D 16-16
 8. Location: QtrQtr: SESE Section: 16 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 04/29/2010 Date of First Production this formation: 05/04/2010
 Perforations Top: 6950 Bottom: 6964 No. Holes: 56 Hole size: 27/100
 Provide a brief summary of the formation treatment: Open Hole:
RE-FRAC'D CODELL W/128,982 GALS OF VISTAR WITH 243,000#S OF OTTAWA SAND.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/11/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 18 Bbls H2O: 9
 Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 18 Bbls H2O: 9 GOR: 9000
 Test Method: FLOWING Casing PSI: 140 Tubing PSI: 0 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1258 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: _____

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: 6/24/2010 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 S. Neslin

Director of COGCC

Date: 12/1/2010

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)