

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:
2071884

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: ANDREA RAWSON
Phone: (303) 2284253
Fax: (303) 2284286

5. API Number 05-123-12349-00
6. County: WELD
7. Well Name: FRED ARENS Well Number: 3
8. Location: QtrQtr: NWSE Section: 11 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING
Treatment Date: _____ Date of First Production this formation: 04/20/2010
Perforations Top: 6750 Bottom: 7025 No. Holes: 216 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
CODELL PERF 7010-7025. TRI-FRAC'D CODELL W/ 133,602 GALS OF SLICK WATER AND PHASER FRAC WITH 247,152#S OF OTTAWA SAND.
COMMINGLE CODELL AND NIOBARRA.
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/30/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 24 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 24 Bbls H2O: 2 GOR: 24000
Test Method: FLOWING Casing PSI: 350 Tubing PSI: 350 Choke Size: 32/100
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 61
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6990 Tbg setting date: 03/17/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 03/02/2010 Date of First Production this formation: _____

Perforations Top: 6750 Bottom: 6832 No. Holes: 156 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: _____

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: 7/12/2010 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: 12/9/2010

Attachment Check List

Att Doc Num	Name
2071884	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)