

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:

2071450

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 05-123-30351-00 6. County: WELD
7. Well Name: AURORA USX AB Well Number: 25-11P
8. Location: QtrQtr: NESW Section: 25 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>03/15/2010</u>		Date of First Production this formation: <u>03/20/2010</u>		
Perforations	Top: <u>6978</u>	Bottom: <u>6987</u>	No. Holes: <u>36</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>FRAC'D CODELL W/ 100,632 GALS OF SLICKWATER, SILVERSTIM AND 15% HCl WITH 200,827#'S OF OTTAWA SAND</u>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____		

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/15/2010</u>		Date of First Production this formation: _____			
Perforations	Top: <u>6688</u>	Bottom: <u>6987</u>	No. Holes: <u>108</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>COMMINGLE CODELL AND NIOBRARA</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>03/26/2010</u>	Hours: <u>24</u>	Bbls oil: <u>66</u>	Mcf Gas: <u>19</u>	Bbls H2O: <u>22</u>	
Calculated 24 hour rate:		Bbls oil: <u>66</u>	Mcf Gas: <u>19</u>	Bbls H2O: <u>22</u>	GOR: <u>287</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>900</u>	Tubing PSI: <u>400</u>	Choke Size: <u>20/100</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1212</u>	API Gravity Oil: <u>45</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6955</u>	Tbg setting date: <u>03/18/2010</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: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/15/2010</u>		Date of First Production this formation: <u>03/20/2010</u>			
Perforations	Top: <u>6688</u>	Bottom: <u>6822</u>	No. Holes: <u>72</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>FRAC'D NIOBRARA W/ 282,072 GALS OF SLICKWATER AND SILVERSTIM WITH 466,396#'S OF OTTAWA SAND.</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <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: <u>ANDREA RAWSON</u>	
Title: <u>REGULATORY SPECIALIST</u>	Date: <u>8/17/2010</u>	Email <u>ARAWSON@NOBLEENERGYINC.COM</u>	

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: 12/16/2010

Attachment Check List

Att Doc Num	Name
2071450	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)