

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:
400100046

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: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30882-00 6. County: WELD
 7. Well Name: HP FARMS USX Y Well Number: 17-06
 8. Location: QtrQtr: SENW Section: 17 Township: 2N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA Status: COMMINGLED
 Treatment Date: 08/24/2010 Date of First Production this formation: 09/15/2010
 Perforations Top: 6874 Bottom: 7549 No. Holes: 80 Hole size: 0
 Provide a brief summary of the formation treatment: Open Hole:
Commingle Niobrara / J-Sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/24/2010 Hours: 24 Bbls oil: 28 Mcf Gas: 92 Bbls H2O: 11
 Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 92 Bbls H2O: 11 GOR: 3286
 Test Method: Flowing Casing PSI: 360 Tubing PSI: 0 Choke Size: 012/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 API Gravity Oil: 64
 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: J SAND Status: PRODUCING

Treatment Date: 08/24/2010 Date of First Production this formation: 09/15/2010

Perforations Top: 7519 Bottom: 7549 No. Holes: 32 Hole size: 41/100

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

frac'd J-Sand w/ 150365 gals of Silverstim and Slick Water with 277,380#'s of Ottawa sand.

The J-Sand is producing through a Composite Flow Through Plug.

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: 08/24/2010 Date of First Production this formation: 09/15/2010

Perforations Top: 6874 Bottom: 6966 No. Holes: 48 Hole size: 73/100

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

Frac'd Niobrara w/ 173869 gals of Silverstim and Slick Water with 250,400#'s of 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: Eileen Roberts

Title: Regulatory Specialist Date: 10/13/2010 Email eroberts@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: 12/29/2010

Attachment Check List

Att Doc Num	Name
400100046	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)