

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:

400100046

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: 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: <u>J-NIOBRARA</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>08/24/2010</u>	Date of First Production this formation: <u>09/15/2010</u>
Perforations Top: <u>6874</u> Bottom: <u>7549</u>	No. Holes: <u>80</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Commingle Niobrara / J-Sand</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>09/24/2010</u> Hours: <u>24</u> Bbls oil: <u>28</u> Mcf Gas: <u>92</u> Bbls H2O: <u>11</u>	
Calculated 24 hour rate:	Bbls oil: <u>28</u> Mcf Gas: <u>92</u> Bbls H2O: <u>11</u> GOR: <u>3286</u>
Test Method: <u>Flowing</u> Casing PSI: <u>360</u> Tubing PSI: <u>0</u> Choke Size: <u>012/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1248</u> API Gravity Oil: <u>64</u>	
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>J SAND</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/24/2010</u>		Date of First Production this formation: <u>09/15/2010</u>			
Perforations	Top: <u>7519</u>	Bottom: <u>7549</u>	No. Holes: <u>32</u>	Hole size: <u>41/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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:			<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</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/24/2010</u>		Date of First Production this formation: <u>09/15/2010</u>			
Perforations	Top: <u>6874</u>	Bottom: <u>6966</u>	No. Holes: <u>48</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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:			<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: 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

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Total: 0 comment(s)