

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:

400096743

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 05-123-30947-00 6. County: WELD
 7. Well Name: Horse Iron P Well Number: 22-32D
 8. Location: QtrQtr: SENE Section: 21 Township: 3N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
 Treatment Date: 08/02/2010 Date of First Production this formation: 08/06/2010
 Perforations Top: 6992 Bottom: 7652 No. Holes: 212 Hole size: 0
 Provide a brief summary of the formation treatment: Open Hole:
Commingle J-Sand / Codell / Niobrara
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/13/2010 Hours: 24 Bbls oil: 6 Mcf Gas: 14 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 14 Bbls H2O: 0 GOR: 2333
 Test Method: Flowing Casing PSI: 1680 Tubing PSI: 0 Choke Size: 010/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 59
 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: 08/02/2010 Date of First Production this formation: 08/06/2010

Perforations Top: 7622 Bottom: 7652 No. Holes: 88 Hole size: 41/100

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

Frac'd J-Sand w/ 147126 gals of Silverstim and Slick Water with 278,299#'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-CODELL Status: PRODUCING

Treatment Date: 08/02/2010 Date of First Production this formation: 08/06/2010

Perforations Top: 6992 Bottom: 7210 No. Holes: 124 Hole size: _____

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

Frac'd Codell w/ 134484 gals of Silverstim and Slick Water with 272,909#'s of Ottawa sand. CD perms 7191-7210, 76 holes @.41".
The Codell is producing through a Composite Flow Through Plug. NB perms 6992-7064, 48 holes @ .73". Frac'd NB w/173670 gals
of Silverstim and Slickwater with 253062#'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: 10/1/2010 Email: eroberts@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: 1/10/2011

Attachment Check List

Att Doc Num	Name
400096743	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)