

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:

400095918

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-30753-00
6. County: WELD
7. Well Name: PLUSS L
Well Number: 11-20D
8. Location: QtrQtr: SENW Section: 11 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 08/17/2010 Date of First Production this formation: 08/19/2010
Perforations Top: 7200 Bottom: 7927 No. Holes: 188 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Coell, Niobrara, and J-Sand are commingled
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/27/2010 Hours: 24 Bbls oil: 18 Mcf Gas: 454 Bbls H2O: 750
Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 454 Bbls H2O: 750 GOR: 25222
Test Method: Flowing Casing PSI: 750 Tubing PSI: 750 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1215 API Gravity Oil: 58
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: 08/17/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 7907 Bottom: 7927 No. Holes: 80 Hole size: 41/100

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

J-Sand producing through composite flow through plugs
Frac'd J-Sand w/144594 gals Silverstim and Slick Water with 280120 lbs Ottawa sand and SB Excel

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: 08/17/2010 Date of First Production this formation: 08/19/2010

Perforations Top: 7200 Bottom: 7445 No. Holes: 108 Hole size: _____

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

Codell producing through composite flow through plugs. CD perms 7430-7445, 60 holes, @.40". Frac'd Codell w/132609 gals of Vistar, Acid, and Slick Water with 270620 lbs Ottawa sand. NB perms 7200-7294, 48 holes @.73". Frac'd NB w/175118 gals vistar and slickwater with 248000 lbs 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: Justin Garrett

Title: Regulatory Specialist Date: 11/11/2010 Email JDGarrett@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: 1/11/2011

Attachment Check List

Att Doc Num	Name
400095918	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)