

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:

2071676

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: JUSTIN GARRETT
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30305-00 6. County: WELD
7. Well Name: GORDON Well Number: 1261-28-32
8. Location: QtrQtr: NWSW Section: 28 Township: 12N Range: 61W Meridian: 6
9. Field Name: FURY Field Code: 27925

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/13/2010</u>		Date of First Production this formation: <u>07/25/2010</u>	
Perforations	Top: <u>7714</u>	Bottom: <u>7735</u>	No. Holes: <u>84</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>FRAC'D J SAND W/ 159894 GALS PHASERFRAC AND SLICKWATER WITH 309861 LBSW OTTAWA SAND.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>07/30/2010</u>	Hours: <u>24</u>	Bbls oil: <u>101</u>	Mcf Gas: <u>36</u> Bbls H2O: <u>108</u>
Calculated 24 hour rate:		Bbls oil: <u>101</u>	Mcf Gas: <u>36</u> Bbls H2O: <u>108</u> GOR: <u>333</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>90</u>	Tubing PSI: <u>120</u>	Choke Size: <u>64/100</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1400</u>	API Gravity Oil: <u>37</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7639</u>	Tbg setting date: <u>07/21/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

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: 9/20/2010 Email: JDGARRETT@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 G. Neslin
Director of COGCC

Date: 1/12/2011

Attachment Check List

Att Doc Num	Name
2071676	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 1 comment(s)