

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:
400103459

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-30872-00
6. County: WELD
7. Well Name: HP FARMS Y Well Number: 17-04
8. Location: QtrQtr: NWNW Section: 17 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 08/31/2010 Date of First Production this formation: 09/16/2010
Perforations Top: 6892 Bottom: 7569 No. Holes: 156 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole:
Commingle Niobrara / Codell / J-Sand
This formation is commingled with another formation: Yes No
Test Information:
Date: 09/24/2010 Hours: 24 Bbls oil: 56 Mcf Gas: 183 Bbls H2O: 24
Calculated 24 hour rate: Bbls oil: 56 Mcf Gas: 183 Bbls H2O: 24 GOR: 3268
Test Method: Flowing Casing PSI: 560 Tubing PSI: 0 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1296 API Gravity Oil: 52
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: 08/31/2010 Date of First Production this formation: 09/16/2010

Perforations Top: 7550 Bottom: 7573 No. Holes: 68 Hole size: 41

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

Frac'd the J-Sand w/ 148596 gals of Silverstim and Slick Water with 282,941#'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: 08/31/2010 Date of First Production this formation: 09/16/2010

Perforations Top: 6892 Bottom: 7092 No. Holes: 120 Hole size: _____

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

Frac'd the Codell w/ 132762 gals of Silverstim and Slick Water with 268,047#'s of Ottawa sand. CD perms 7082-7092, 40 holes @ .42".
The Codell 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: _____

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: 10/26/2010 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: 1/12/2011

Attachment Check List

Att Doc Num	Name
400103459	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)