

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:

400118847

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) 228-4449

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-001-09633-00

6. County: ADAMS

7. Well Name: MINIS-USX YM

Well Number: 3-14

8. Location: QtrQtr: SESW Section: 3 Township: 3S Range: 64W Meridian: 6

9. Field Name: JAMBOREE Field Code: 40590

Completed Interval

FORMATION: D SAND


Status: PRODUCING

Treatment Date: 08/20/2007

Date of First Production this formation: 04/21/2008

Perforations	Top:	7988	Bottom:	7992	No. Holes:	17	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole: 

Gas Sales Line Added 4/21/08; no linger waiting on pipeline.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	05/02/2008	Hours:	24	Bbls oil:	28	Mcf Gas:	73	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	28	Mcf Gas:	73	Bbls H2O:	0	GOR:	2607
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Test Method: Flowing	Casing PSI: 480	Tubing PSI: 310	Choke Size: 26/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1626	API Gravity Oil:	53
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 7968 Tbg setting date: 10/31/2007 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: 12/23/2010 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 S. Neslin

Director of COGCC

Date: 1/21/2011

Attachment Check List

Att Doc Num	Name
400118847	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)