

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:

400112214

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 05-123-31307-00 6. County: WELD
 7. Well Name: THOMPSON D Well Number: 20-31D
 8. Location: QtrQtr: SWSW Section: 17 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
 Treatment Date: 10/29/2010 Date of First Production this formation: 11/01/2010
 Perforations Top: 7027 Bottom: 7826 No. Holes: 220 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
J Sand, Codell, and Niobrara are commingled
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/05/2010 Hours: 24 Bbls oil: 80 Mcf Gas: 307 Bbls H2O: 60
 Calculated 24 hour rate: Bbls oil: 80 Mcf Gas: 307 Bbls H2O: 60 GOR: 3838
 Test Method: Flowing Casing PSI: 750 Tubing PSI: 0 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 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: 10/29/2010 Date of First Production this formation: 10/29/2010

Perforations Top: 7760 Bottom: 7826 No. Holes: 92 Hole size: _____

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

J Sand is producing through composite flow through plug
Frac'd J Sand w/147670 gals Silverstim and Slick Water with 282180 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: 10/29/2010 Date of First Production this formation: 11/01/2010

Perforations Top: 7027 Bottom: 7309 No. Holes: 128 Hole size: _____

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

Codell producing through composite flow through plug. CD perms 7296-7309, 52 holes @.41". Frac'd Codell w/133176 gals Silverstim, Acid, and Slick Water with 270680 lbs Ottawa sand. NB perms 7027-7182, 76 holes @.73". NB producing through composite flow through plug. Frac'd NB w/239453 gals Silverstim, Acid, and Slickwater with 350720 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: 12/2/2010 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: 1/24/2011

Attachment Check List

Att Doc Num	Name
400112214	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ BTU AND API OIL VALUES	1/20/2011 4:08:34 PM

Total: 1 comment(s)