

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:

400116314

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 05-123-30985-00
6. County: WELD
7. Well Name: HP FARMS D
Well Number: 32-03
8. Location: QtrQtr: NENW Section: 32 Township: 3N Range: 64W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 09/28/2010 Date of First Production this formation: 10/14/2010
Perforations Top: 6824 Bottom: 7067 No. Holes: 100 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole:
Frac'd Niobrara-Codell w/ 307255 gals of Vistar and Slick Water with 518,020#'s of Ottawa sand.
The Codell is producing through a Composite Flow Through Plug.
Commingled Niobrara-Codell
This formation is commingled with another formation: Yes No
Test Information:
Date: 10/22/2010 Hours: 24 Bbls oil: 43 Mcf Gas: 282 Bbls H2O: 19
Calculated 24 hour rate: Bbls oil: 43 Mcf Gas: 282 Bbls H2O: 19 GOR: 6558
Test Method: FLOWING Casing PSI: 650 Tubing PSI: 0 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1326 API Gravity Oil: 45
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: 12/14/2010 Email: eroberts@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: 1/26/2011

**Attachment Check List**

Att Doc Num	Name
400116314	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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