

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400127763

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-26040-00
6. County: WELD
7. Well Name: CERVI-USX CC
Well Number: 21-10
8. Location: QtrQtr: NWSE Section: 21 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: SHUT IN
Treatment Date: 05/01/2008 Date of First Production this formation:
Perforations Top: 6488 Bottom: 6763 No. Holes: 180 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Well shut-in; did not turn on after frac
Codell & Niobrara are commingled; cast iron flow through plug set 6630' 5/1/08.
Codell 6750'-6763', 52 holes, .41"
Frac'd Codell w/132048 gals Silverstim, Acid, and Slick Water with 270000 lbs Ottawa sand
Niobrara 6488'-6570', 128 holes, .42"
Frac'd Niobrara w/173729 gals Silverstim, Acid, and Slick Water with 250000 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:
Well shut-in; did not turn on after frac
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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)