

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:

400104141

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 05-123-31011-00
6. County: WELD
7. Well Name: PIONEER Y Well Number: 08-05
8. Location: QtrQtr: SWNW Section: 8 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 09/23/2010 Date of First Production this formation: 09/27/2010

Perforations Top: 6842 Bottom: 7579 No. Holes: 184 Hole size: _____

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

Codell, Niobrara, and J Sand are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/01/2010 Hours: 24 Bbls oil: 51 Mcf Gas: 98 Bbls H2O: 10

Calculated 24 hour rate: _____ Bbls oil: 51 Mcf Gas: 98 Bbls H2O: 10 GOR: 1922

Test Method: Flowing Casing PSI: 300 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1261 API Gravity Oil: 53

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: 09/23/2010 Date of First Production this formation: 09/27/2010

Perforations Top: 7534 Bottom: 7579 No. Holes: 72 Hole size: 41/100

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

The J Sand is producing through composite flow through plug
Frac'd J Sand w/150385 gals Vistar with 280700 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: 09/23/2010 Date of First Production this formation: 09/27/2010

Perforations Top: 6842 Bottom: 7090 No. Holes: 112 Hole size: _____

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

The Codell is producing through composite flow through plug. CD perms 7077-7090, 65 holes @.41".
Frac'd Codell w/131834 gals Vistar and Acid with 269500 lbs Ottawa sand. NB perms 6842-6944, 48 holes @.73". Frac'd NB
w/177274 gals Vistar 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:

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: 1/17/2011 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: 2/1/2011

Attachment Check List

Att Doc Num	Name
400104141	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)