

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400126903

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: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-23743-00 6. County: WELD
 7. Well Name: JOHNSTON UU Well Number: 24-13JI
 8. Location: QtrQtr: SWSW Section: 24 Township: 1N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 11/12/2010 Date of First Production this formation: 12/08/2010

Perforations Top: 7452 Bottom: 7894 No. Holes: 336 Hole size: _____

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

Codell perms 7876-7894. Re-Frac Codell w/ 134,039 gals of Slick Water and Vistar with 244,620#s of Ottawa sand. Commingle Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/17/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 4 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 4 Bbls H2O: 4 GOR: 2000

Test Method: Flowing Casing PSI: 555 Tubing PSI: 295 Choke Size: 32

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1185 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7860 Tbg setting date: 11/20/2010 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 Status: COMMINGLED

Treatment Date: 11/12/2010 Date of First Production this formation: _____

Perforations Top: 7452 Bottom: 7744 No. Holes: 264 Hole size: 0.42

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

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: Andrea Rawson

Title: Regulatory Specialist Date: 1/24/2011 Email arawson@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: 2/3/2011

Attachment Check List

Att Doc Num	Name
400126903	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)