

**FORM
5A**Rev
02/08State 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

Document Number:

400129781

COMPLETED INTERVAL REPORT

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31524-00 6. County: WELD
7. Well Name: WCLI USX S Well Number: 33-15P
8. Location: QtrQtr: SWSE Section: 33 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/16/2010</u>		Date of First Production this formation: <u>12/22/2010</u>	
Perforations	Top: <u>7120</u>	Bottom: <u>7430</u>	No. Holes: <u>120</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac'd Niobrara-Codell w/ 308154 gals of pHaserFrac and Slick Water with 518,952#'s of Ottawa sand.</u>			
<u>The Codell is producing through a Composite Flow Through Plug.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>12/30/2010</u>	Hours: <u>22</u>	Bbls oil: <u>202</u>	Mcf Gas: <u>208</u> Bbls H2O: <u>10</u>
Calculated 24 hour rate:		Bbls oil: <u>202</u>	Mcf Gas: <u>208</u> Bbls H2O: <u>10</u> GOR: <u>1029</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1050</u>	Tubing PSI: <u>0</u>	Choke Size: <u>010/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1189</u>	API Gravity Oil: <u>45</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____ _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 2/2/2011

Email eroberts@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: 2/8/2011

Attachment Check List

Att Doc Num	Name
400129781	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)