

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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Document Number:

400120904

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
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 05-123-31496-00
6. County: WELD
7. Well Name: STATE PC AB Well Number: 16-09
8. Location: QtrQtr: NESE Section: 16 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>LYONS</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>08/03/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8865</u>	Bottom: <u>8870</u>	No. Holes: <u>20</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>2 + 7/8</u>	Tubing Setting Depth: <u>8786</u>	Tbg setting date: <u>08/04/2010</u>	Packer Depth: <u>8785</u>
Reason for Non-Production:			
<div>Well never made any oil or gas, it was perf'd and never frac'd.</div>			
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: Justin Garrett

Title: Regulatory Specialist Date: 1/5/2011 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 *David S. Neslin*

COGCC Approved: _____ Director of COGCC Date: 2/8/2011

Attachment Check List

Att Doc Num	Name
400120904	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)