

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:

2505112

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: JENNIFER BARNETT  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-125-11818-00 6. County: YUMA  
 7. Well Name: Suman-George Trusts Well Number: 24-25  
 8. Location: QtrQtr: SESW Section: 25 Township: 1S Range: 45W Meridian: 6  
 9. Field Name: VERNON Field Code: 86500

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
 Treatment Date: 06/03/2010 Date of First Production this formation: 06/16/2010  
 Perforations Top: 2218 Bottom: 2255 No. Holes: 111 Hole size: 45/100  
 Provide a brief summary of the formation treatment: Open Hole:   
 frac: 500 gals 7.5% hcl acid breakdown, 10,000 gals 30% co2 foam gel pads, 32,721 gals 30% co2 foam gel, carrying 50,040 lbs. 16/30 daniels & 50,020 lbs 12/20 daniels sand, avg psi: 934 psi, avg. fl. rate: 14.1 bpm.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 06/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 106 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 106 Bbls H2O: 0 GOR: \_\_\_\_\_  
 Test Method: flowing Casing PSI: 412 Tubing PSI: \_\_\_\_\_ Choke Size: 50/100  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 API Gravity Oil: 0  
 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: JENNIFER BARNETT  
 Title: REGULATORY Date: 7/15/2010 Email JBARNETT@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: 2/16/2011

**Attachment Check List**

Att Doc Num	Name
2505112	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)