

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:

2510661

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: 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 05-125-11735-00 6. County: YUMA
7. Well Name: Witte Well Number: 21-36
8. Location: QtrQtr: NENW Section: 36 Township: 1S Range: 45W Meridian: 6
9. Field Name: VERNON Field Code: 86500

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/02/2010</u>	Date of First Production this formation: <u>06/16/2010</u>
Perforations Top: <u>2180</u> Bottom: <u>2208</u>	No. Holes: <u>102</u> Hole size: <u>45/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC:500 GALS 7.5% HCL ACID BREAKDOWN, 10,000 GALS 30% CO2 FOAM GEL PADS, 32,648 GALS 30%\$ CO2 FOAM GEL, CARRYING 50,000 LBS 16/30 DANIELS&50,020 LBS 12/20 DANIELS SAND, AVG PSI: 971 PSI, AVG. FL. RATE: 15.8 BMP	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/16/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>100</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>100</u> Bbls H2O: <u>0</u> GOR: <u> </u>
Test Method: <u>FLOWING</u> Casing PSI: <u>429</u> Tubing PSI: <u> </u> Choke Size: <u>32/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>990</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u> </u> Tubing Setting Depth: <u> </u> Tbg setting date: <u> </u> Packer Depth: <u> </u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

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 ANALYST 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
2510661	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)