

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:

400094670

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 05-125-11901-00

6. County: YUMA

7. Well Name: Gardner Trusts

Well Number: 21-20

8. Location: QtrQtr: NENW Section: 20 Township: 2N Range: 46W Meridian: 6

9. Field Name: SHOUT Field Code: 77456

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date:	08/17/2010	Date of First Production this formation:	09/07/2010
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Perforations	Top:	2551	Bottom:	2587	No. Holes:	108	Hole size:	0.45
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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, 32,916 gals 30% CO2 foam gel, carrying 50,060 lbs 16/30 AZ & 50,060 lbs 12/20 Daniels sand. Avg. Psi: 723 psi, Avg. Fl. Rate: 13.8 bpm.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	09/07/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	126	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	126	Bbls H2O:	0	GOR:
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Test Method: Flowing	Casing PSI: 476	Tubing PSI:	Choke Size: 0.5
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	990	API Gravity Oil:	0
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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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 Analyst Date: 10/21/2010 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: 2/18/2011

Attachment Check List

Att Doc Num	Name
400094670	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)