

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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COMPLETED INTERVAL REPORT

Document Number:

400138024

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: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-13215-00 6. County: WELD
 7. Well Name: BEEBE DRAW R G Well Number: 26-11
 8. Location: QtrQtr: NESW Section: 26 Township: 4N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN
 Treatment Date: 12/16/2010 Date of First Production this formation: _____
 Perforations Top: 7041 Bottom: 7057 No. Holes: 32 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
Codell under sand plug @ 7127.
 This formation is commingled with another formation: Yes 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: _____
Will commingle at a later date.
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/16/2010 Date of First Production this formation: 12/17/2010

Perforations Top: 6758 Bottom: 6850 No. Holes: 56 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Re-Frac'd Niobrara w/ 176,144 gals of Slick Water, Silverstim, and 15% HCl with 248,020#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/23/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 528 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 30 Mcf Gas: 528 Bbls H2O: 0 GOR: 17600

Test Method: Flowing Casing PSI: 800 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 66

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: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email arawson@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)