

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:

400139040

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-13626-00
6. County: WELD
7. Well Name: MERCURE Well Number: 6-1
8. Location: QtrQtr: SESE Section: 6 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN

Treatment Date: 12/20/2010 Date of First Production this formation: _____

Perforations Top: 7137 Bottom: 7151 No. Holes: 56 Hole size: _____

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

Codell under sand plug at 7192.

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 be commingled 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: 12/20/2010 Date of First Production this formation: 12/22/2010

Perforations Top: 6836 Bottom: 6964 No. Holes: 64 Hole size: _____

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

Re-Frac'd Niobrara w/ 168,235 gals of Vistar with 249,640#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/30/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 98 Bbls H2O: 30

Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 98 Bbls H2O: 30 GOR: 19600

Test Method: Flowing Casing PSI: 360 Tubing PSI: 1100 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 65

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7119 Tbg setting date: 11/19/2011 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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)