

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:

400139916

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: Eileen Roberts  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-31064-00 6. County: WELD  
 7. Well Name: LETTERLY USX AB Well Number: 23-99HZ  
 8. Location: QtrQtr: NWNW Section: 23 Township: 7N Range: 64W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA Status: PRODUCING  
 Treatment Date: 09/15/2010 Date of First Production this formation: 10/18/2010  
 Perforations Top: 7426 Bottom: 12281 No. Holes: 0 Hole size: 0  
 Provide a brief summary of the formation treatment: Open Hole:   
 Frac'd Niobrara w/ 3568499 gals of Silverstim and Slick Water with 4,579,540#'s of Ottawa sand.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 10/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 200  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 200 GOR: 1600  
 Test Method: FLOWING Casing PSI: 0 Tubing PSI: 8 Choke Size: 0  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1302 API Gravity Oil: 42  
 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: Eileen Roberts  
 Title: Regulatory Specialist Date: \_\_\_\_\_ Email eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)