

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

Document Number:
400123318

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

5. API Number 05-123-31158-00
6. County: WELD
7. Well Name: Aloysius C
Well Number: 34-31
8. Location: QtrQtr: NWNW Section: 34 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/29/2010 Date of First Production this formation: 12/01/2010
Perforations Top: 6622 Bottom: 6908 No. Holes: 120 Hole size: 0

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

Frac'd Niobrara-Codell w/ 367853 gals of Silverstim and Slick Water with 619,520#'s of Ottawa sand.
The Niobrara and Codell are producing through two Composite Flow Through Plugs.
Commingle the Niobrara and Codell

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 42 Bbls H2O: 18
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 42 Bbls H2O: 18 GOR: 0
Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 0 Choke Size: 010/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 57
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: 1/13/2011 Email eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400123318	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Req 5, cmt tkts, hard copy logs, upload logs	2/2/2011 2:56:30 PM

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