

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:

400125953

**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: 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 05-123-32149-00 6. County: WELD  
7. Well Name: Amen PC Well Number: D06-29  
8. Location: QtrQtr: NWNW Section: 6 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| FORMATION: <u>NIOBARRA-CODELL</u>   |                                      | Status: <u>PRODUCING</u>                                   |   |
| Treatment Date: <u>12/10/2010</u>   |                                      | Date of First Production this formation: <u>12/11/2010</u> |   |
| Perforations  | Top: <u>6799</u> Bottom: <u>7087</u> | No. Holes: <u>100</u>                                      | Hole size: <u>0</u>                                       |
| Provide a brief summary of the formation treatment:   |                                      | Open Hole: <input type="checkbox"/>                        |   |
| <p>Frac'd Niobrara-Codell w/ 290206 gals of Silverstim and Slick Water with 489,292#'s of Ottawa sand.</p> <p>The Codell is producing through a Composite Flow Through Plug.</p> <p>Commingled the Niobrara and Codell.</p> |                                      |  |   |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                      |  |   |
| <b>Test Information:</b>  |                                      |  |   |
| Date: <u>12/17/2010</u>   | Hours: <u>24</u>                     | Bbls oil: <u>53</u>  | Mcf Gas: <u>679</u> Bbls H2O: <u>34</u>                   |
| Calculated 24 hour rate:  |                                      | Bbls oil: <u>53</u>  | Mcf Gas: <u>679</u> Bbls H2O: <u>34</u> GOR: <u>12811</u> |
| Test Method: <u>FLOWING</u>   | Casing PSI: <u>800</u>               | Tubing PSI: <u>0</u>                                       | Choke Size: <u>014/64</u>                                 |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>WET</u>                 | BTU Gas: <u>1360</u>                                       | API Gravity Oil: <u>47</u>                                |
| Tubing Size: _____  | Tubing Setting Depth: _____          | Tbg setting date: _____                                    | Packer Depth: _____                                       |
| Reason for Non-Production:<br>_____<br>_____  |                                      |  |   |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 1/21/2011

Email eroberts@nobleenergyinc.com  
:

### **Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400125953   | FORM 5A SUBMITTED |

Total Attach: 1 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)