

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; border: 1px solid black; padding: 5px;">2590680</div>				
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: <u>100322</u>	4. Contact Name: <u>JUSTIN GARRETT</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4449</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-30970-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>FABRIZIUS</u>	Well Number: <u>1161-27-14</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>27</u> Township: <u>11N</u> Range: <u>61W</u> Meridian: <u>6</u>	
9. Field Name: <u>GROVER</u> Field Code: <u>33380</u>	

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/14/2010</u>	Date of First Production this formation: <u>06/21/2010</u>
Perforations Top: <u>7565</u> Bottom: <u>7585</u>	No. Holes: <u>80</u> Hole size: <u>7/20</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC'D J-SAND W/ 161280 GALS OF PHASER FRAC AND SLICK WATER WITH 312971 LBS OF OTTAWA SAND	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>06/25/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>37</u> Bbls H2O: <u>72</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>37</u> Bbls H2O: <u>72</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>72</u> Tubing PSI: <u>170</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1303</u> API Gravity Oil: <u>42</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>7503</u> Tbg setting date: <u>06/17/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: JUSTIN GARRETT

Title: REGULATORY SPECIALIST Date: 10/29/2010 Email: JDGARRETT@NOBLEENERGYINC.COM

**Attachment Check List**

Att Doc Num	Name
2590680	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)