

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:
400134894

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 05-123-31540-00
6. County: WELD
7. Well Name: Furrow USX AB
Well Number: 15-05P
8. Location: QtrQtr: SWNW Section: 15 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/12/2010 Date of First Production this formation: 12/13/2010
Perforations Top: 6768 Bottom: 7073 No. Holes: 128 Hole size: 0

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

Frac'd Niobrara-Codell w/ 382926 gals of pHaserFrac and Slick Water with 618,840#'s of Ottawa sand.
Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/05/2011 Hours: 24 Bbls oil: 21 Mcf Gas: 24 Bbls H2O: 9
Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 24 Bbls H2O: 9 GOR: 1142
Test Method: FLOWING Casing PSI: 200 Tubing PSI: 200 Choke Size: 018/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1241 API Gravity Oil: 41
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: 2/18/2011 Email eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400134894	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)