

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



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Document Number:

400140680

**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 05-123-31885-00 6. County: WELD  
7. Well Name: NCLP USX AA Well Number: 05-01  
8. Location: QtrQtr: NENE Section: 5 Township: 6N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>12/01/2010</u>		Date of First Production this formation: <u>12/05/2010</u>		
Perforations	Top: <u>6540</u>	Bottom: <u>6837</u>	No. Holes: <u>88</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/ 308994 gals of Silverstim and Slick Water with 520,820#'s of Ottawa sand.</p> <p>The Codell is Producing through a Composite Flow Through Plug.</p> <p>Commingle 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>12/06/2010</u>	Hours: <u>24</u>	Bbls oil: <u>10</u>	Mcf Gas: <u>81</u>	Bbls H2O: <u>10</u>
Calculated 24 hour rate:		Bbls oil: <u>10</u>	Mcf Gas: <u>81</u>	Bbls H2O: <u>10</u> GOR: <u>8100</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>260</u>	Tubing PSI: <u>0</u>	Choke Size: <u>020/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1251</u>	API Gravity Oil: <u>49</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
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: 3/9/2011

Email eroberts@nobleenergyinc.com  
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### **Attachment Check List**

Att Doc Num	Name
400140680	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)