


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		<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> Document Number: <div style="text-align: center; font-weight: bold;">400143934</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>100322</u>		4. Contact Name: <u>Eileen Roberts</u>					
2. Name of Operator: <u>NOBLE ENERGY INC</u>		Phone: <u>(303) 2284330</u>					
3. Address: <u>1625 BROADWAY STE 2200</u>		Fax: <u>(303) 2284286</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-123-31912-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>DECHANT X</u>		Well Number: <u>01-04</u>					
8. Location: QtrQtr: <u>NWNW</u>	Section: <u>1</u>	Township: <u>2N</u>	Range: <u>65W</u> Meridian: <u>6</u>				
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
Completed Interval							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>02/10/2011</u>		Date of First Production this formation: <u>02/11/2011</u>					
Perforations Top: <u>6942</u>	Bottom: <u>7596</u>	No. Holes: <u>160</u>	Hole size: <u>0.41</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>02/18/2011</u>	Hours: <u>24</u>	Bbls oil: <u>30</u>	Mcf Gas: <u>300</u> Bbls H2O: <u>16</u>				
Calculated 24 hour rate:		Bbls oil: <u>30</u>	Mcf Gas: <u>300</u> Bbls H2O: <u>16</u> GOR: <u>10000</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>440</u>	Tubing PSI: <u>0</u>	Choke Size: <u>016/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1267</u>	API Gravity Oil: <u>62</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%; margin-top: 5px;"></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: _____					

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>02/10/2011</u>		Date of First Production this formation: <u>02/11/2011</u>	
Perforations	Top: <u>7576</u>	Bottom: <u>7596</u>	No. Holes: <u>80</u>
		Hole size: <u>0.41</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>Frac'd the J-Sand w/148458 gals of Silverstim and Slick Water with 269,220#'s of Ottawa sand.</p> <p>The J-Sand is prroducing through a Composite Flow Through Plug.</p>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: _____			

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>02/10/2011</u>		Date of First Production this formation: <u>02/11/2011</u>	
Perforations	Top: <u>6942</u>	Bottom: <u>7110</u>	No. Holes: <u>80</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/ 215735 gals of Silverstim and Slick Water with 395,300#'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	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: Eileen Roberts

Title: Regulatory Specialist Date: 3/17/2011 Email eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400143934	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)