

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:
400151385

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-11327-00
6. County: WELD
7. Well Name: HAYS Well Number: 31-1H5
8. Location: QtrQtr: NENE Section: 31 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORBARA-CODELL Status: PRODUCING
Treatment Date: 02/28/2011 Date of First Production this formation: 03/26/1994
Perforations Top: 6760 Bottom: 7090 No. Holes: 211 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
Codell & Niobrara are commingled
Niobrara refrac; nothing new happened in Codell
This formation is commingled with another formation: Yes No

Test Information:
Date: 03/15/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 176 Bbls H2O: 15
Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 176 Bbls H2O: 15 GOR: 9263
Test Method: Flowing Casing PSI: 540 Tubing PSI: 250 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1284 API Gravity Oil: 65
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7042 Tbg setting date: 02/10/2011 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 02/28/2011 Date of First Production this formation: 03/26/1994

Perforations Top: 6760 Bottom: 6904 No. Holes: 134 Hole size: 27/100

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

Niobrara refrac
Frac'd Niobrara w/148046 gals Vistar, Acid, and Slick Water with 249840 lbs Ottawa sand

This formation is commingled with another formation: Yes 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: 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: Justin Garrett

Title: Regulatory Specialist Date: 4/19/2011 Email JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400151385	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)