

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:
400097616

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 05-123-30554-00
6. County: WELD
7. Well Name: SHURVIEW USX N
Well Number: 03-17D
8. Location: QtrQtr: SWNE Section: 3 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 08/12/2010 Date of First Production this formation: 08/13/2010
Perforations Top: 7276 Bottom: 7296 No. Holes: 80 Hole size: 41/100
Provide a brief summary of the formation treatment: _____ Open Hole:
The Codell is producing through composite flow through plugs
Frac'd Codell w/133056 gals Silverstim, Acid, and Slick Water with 271220 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/12/2010 Date of First Production this formation: 08/13/2010

Perforations Top: 6968 Bottom: 7296 No. Holes: 128 Hole size: _____

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

Codell & Niobrara are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/20/2010 Hours: 24 Bbls oil: 41 Mcf Gas: 48 Bbls H2O: 14

Calculated 24 hour rate: Bbls oil: 41 Mcf Gas: 48 Bbls H2O: 14 GOR: 1171

Test Method: Flowing Casing PSI: 510 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 52

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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/12/2010 Date of First Production this formation: 08/13/2010

Perforations Top: 6968 Bottom: 7098 No. Holes: 48 Hole size: 73/100

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

Frac'd Niobrara w/174632 gals Silverstim and Slick Water with 249680 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: 4/28/2011 Email JDGarrett@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400097616	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)