

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400170933</div>				
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>Justin Garrett</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4449</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-23654-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>THOMSEN</u>	Well Number: <u>31-07</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>7</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-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>04/01/2011</u>	Date of First Production this formation: <u>04/15/2011</u>
Perforations Top: <u>7305</u> Bottom: <u>7318</u>	No. Holes: <u>192</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>J Sand & Codell are commingled; nothing new happened in Codell for J Sand recomple</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/21/2011</u> Hours: <u>24</u> Bbls oil: <u>7</u> Mcf Gas: <u>131</u> Bbls H2O: <u>9</u>	
Calculated 24 hour rate:	Bbls oil: <u>7</u> Mcf Gas: <u>131</u> Bbls H2O: <u>9</u> GOR: <u>18714</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>688</u> Tubing PSI: <u>560</u> Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1281</u> API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7730</u> Tbg setting date: <u>04/12/2011</u> 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/01/2011 Date of First Production this formation: 04/15/2011

Perforations Top: 7753 Bottom: 7811 No. Holes: 140 Hole size: 41/100

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

J Sand recomplete
Frac'd J Sand w/143292 gals Vistar and Slick Water with 281180 lbs Ottawa sand and SB Excel

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: 6/2/2011 Email JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400170933	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)