

FORM  
5A

Rev  
02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



DE	ET	OE	ES
----	----	----	----

Document Number:

400174879

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 05-123-31844-00 6. County: WELD  
 7. Well Name: Cox PC GK Well Number: 26-99HZ  
 8. Location: QtrQtr: SESE Section: 26 Township: 11N Range: 61W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
 Treatment Date: 10/18/2010 Date of First Production this formation: 11/05/2010  
 Perforations Top: 7203 Bottom: 9042 No. Holes: 0 Hole size: 0  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Frac'd Niobrara w/ 1264578 gals of Silverstim and Slick Water with 1,644,699#'s of Ottawa sand.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 11/08/2010 Hours: 24 Bbls oil: 202 Mcf Gas: 21 Bbls H2O: 626  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 202 Mcf Gas: 21 Bbls H2O: 626 GOR: 9619  
 Test Method: FLOWING Casing PSI: 866 Tubing PSI: 206 Choke Size: 0  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1375 API Gravity Oil: 35  
 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: Eileen Roberts  
 Title: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)