

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



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Document Number:

400175703

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>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>05-123-17564-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HOUSTON</u>	Well Number: <u>17-7L</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>17</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>04/20/2011</u>		Date of First Production this formation: <u>12/31/1993</u>	
Perforations	Top: <u>7222</u>	Bottom: <u>7232</u>	No. Holes: <u>20</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Codell is under sand plug for Niobrara recomplate</div>			
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:			
<div>Sand plug set 6988' 4/1/2011</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>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/20/2011</u>		Date of First Production this formation: <u>04/21/2011</u>	
Perforations	Top: <u>6876</u>	Bottom: <u>6948</u>	No. Holes: <u>128</u>
		Hole size: <u>27/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Niobrara recomplete Frac'd Niobrara w/180290 gals Vistar, Acid, and Slick Water with 250000 lbs Ottawa sand			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>04/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>74</u>	Mcf Gas: <u>167</u>
		Bbls H2O: <u>12</u>	
Calculated 24 hour rate:	Bbls oil: <u>74</u>	Mcf Gas: <u>167</u>	Bbls H2O: <u>12</u>
		GOR: <u>2257</u>	
Test Method: <u>Flowing</u>	Casing PSI: <u>500</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1254</u>	API Gravity Oil: <u>46</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<div style="border: 1px solid black; height: 40px; width: 100%;"></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: _____	

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: Email JDGarrett@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

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

Total: 0 comment(s)