

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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| DE | ET | OE | ES |
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Document Number:

400169408

**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 05-123-32299-00 6. County: WELD  
7. Well Name: FIVE RIVERS USX K Well Number: 09-08D  
8. Location: QtrQtr: NWSW Section: 10 Township: 4N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| FORMATION: <u>NIOBARRA-CODELL</u>   |                                      | Status: <u>PRODUCING</u>                                   |   |
| Treatment Date: <u>04/01/2011</u>   |                                      | Date of First Production this formation: <u>04/14/2011</u> |   |
| Perforations  | Top: <u>7229</u> Bottom: <u>7575</u> | No. Holes: <u>112</u>                                      | Hole size: <u>0</u>                                       |
| Provide a brief summary of the formation treatment:   |                                      | Open Hole: <input type="checkbox"/>                        |   |
| <p>Frac'd Niobrara-Codell w/ 397451 gals of Silverstim and Slick Water with 300,000#'s of Ottawa sand.</p> <p>The Codell is producing through a Composite Flow Through Plug.</p> <p>Commingled the Niobrara and Codell.</p> |                                      |  |   |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                      |  |   |
| <b>Test Information:</b>  |                                      |  |   |
| Date: <u>04/19/2011</u>   | Hours: <u>12</u>                     | Bbls oil: <u>14</u>  | Mcf Gas: <u>149</u> Bbls H2O: <u>21</u>                   |
| Calculated 24 hour rate:  |                                      | Bbls oil: <u>14</u>  | Mcf Gas: <u>149</u> Bbls H2O: <u>21</u> GOR: <u>10642</u> |
| Test Method: <u>FLOWING</u>   | Casing PSI: <u>2300</u>              | Tubing PSI: <u>0</u>                                       | Choke Size: <u>010/64</u>                                 |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>WET</u>                 | BTU Gas: <u>1288</u>                                       | API Gravity Oil: <u>64</u>                                |
| Tubing Size: _____  | Tubing Setting Depth: _____          | Tbg setting date: _____                                    | Packer Depth: _____                                       |
| Reason for Non-Production:<br>_____<br>_____  |                                      |  |   |
| 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: Eileen Roberts

Title: Regulatory Specialist

Date: 5/26/2011

Email eroberts@nobleenergyinc.com

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### **Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400169408   | FORM 5A SUBMITTED |

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)