

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
COMPLETED INTERVAL REPORT			Document Number: 400174879
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>Eileen Roberts</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-31844-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Cox PC GK</u>	Well Number: <u>26-99HZ</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>26</u> Township: <u>11N</u> Range: <u>61W</u> Meridian: <u>6</u>	
9. Field Name: <u>GROVER</u> Field Code: <u>33380</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/18/2010</u>	Date of First Production this formation: <u>11/05/2010</u>
Perforations Top: <u>7203</u> Bottom: <u>9042</u>	No. Holes: <u>0</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/08/2010</u> Hours: <u>24</u>	Bbls oil: <u>202</u> Mcf Gas: <u>21</u> Bbls H2O: <u>626</u>
Calculated 24 hour rate:	Bbls oil: <u>202</u> Mcf Gas: <u>21</u> Bbls H2O: <u>626</u> GOR: <u>9619</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>866</u> Tubing PSI: <u>206</u> Choke Size: <u>0</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1375</u> API Gravity Oil: <u>35</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ 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: _____	

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: 6/14/2011 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400174879	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)