

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

Document Number:
400180190

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-32379-00
6. County: WELD
7. Well Name: LOYD PC GD
Well Number: 33-13
8. Location: QtrQtr: SWSW Section: 33 Township: 12N Range: 61W Meridian: 6
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND Status: PLUGGED AND ABANDONED

Treatment Date: 03/23/2011 Date of First Production this formation: _____
Perforations Top: 7697 Bottom: 7750 No. Holes: 60 Hole size: 0.41

Provide a brief summary of the formation treatment: _____ Open Hole:
J-Sand not frac'd.

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: _____
The J-Sand is under a Cast Iron Bridge Plug and 2sx of cement.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 03/30/2011 Date of First Production this formation: 04/16/2011

Perforations Top: 6940 Bottom: 7130 No. Holes: 104 Hole size: 0

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

Frac'd Niobrara-Codell w/ 270845 gals of Silverstim and Slick Water with 494,580#'s of Ottawa sand.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/06/2011 Hours: 14 Bbls oil: 28 Mcf Gas: 31 Bbls H2O: 25

Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 31 Bbls H2O: 25 GOR: 1107

Test Method: FLOWING Casing PSI: 74 Tubing PSI: 97 Choke Size: 064/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1349 API Gravity Oil: 37

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: 6/30/2011 Email eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400180190	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)