

**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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COMPLETED INTERVAL REPORT

Document Number:

400195124

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>ANDREA RAWSON</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-29814-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>REI H</u>	Well Number: <u>9-32D</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>9</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>ARISTOCRAT</u> Field Code: <u>2925</u>	

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 08/04/2009 Date of First Production this formation: 08/05/2009

Perforations Top: 7238 Bottom: 7970 No. Holes: 200 Hole size: _____

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

COMMINGLED J-SAND, NIOBRARA AND CODELL

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/14/2009 Hours: 24 Bbls oil: 39 Mcf Gas: 573 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 39 Mcf Gas: 573 Bbls H2O: 0 GOR: 14692

Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 62

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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/04/2009 Date of First Production this formation: 08/05/2009

Perforations Top: 7932 Bottom: 7970 No. Holes: 124 Hole size: 42/100

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

FRAC'D J-SAND W/145,782 GALS OF SLICKWATER ABD SILVERSTIM WITH 445,180#S OF OTTAWA SAND. J-SAND PRODUCING THROUGH TWO CAST IRON FLOW PLUGS

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: _____

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: ANDREA RAWSON

Title: REG ANALYST

Date: 5/13/2010

Email :

Attachment Check List

Att Doc Num	Name
400195124	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)