

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:

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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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-23934-00
6. County: WELD
7. Well Name: NELSON
Well Number: 32-25
8. Location: QtrQtr: SWNW Section: 32 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL	Status: PRODUCING
Treatment Date: 05/04/2011	Date of First Production this formation: 11/07/2006
Perforations Top: 6754 Bottom: 7050	No. Holes: 241 Hole size:
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<div>Codell refrac Codell & Niobrara are commingled Codell 7036'-7050', 56 holes Frac'd Codell w/128352 gals Vistar and Slick Water with 241260 lbs Ottawa sand Niobrara 6754'-6928', 185 holes Nothing new happened in Niobrara for Codell refrac</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 05/20/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 161 Bbls H2O: 3	
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 161 Bbls H2O: 3 GOR: 16100	
Test Method: Flowing Casing PSI: 690 Tubing PSI: 475 Choke Size: 12/64	
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1302 API Gravity Oil: 62	
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7017 Tbg setting date: 05/09/2011 Packer Depth:	
Reason for Non-Production:	
<div></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: JDGarrett@nobleenergyinc.com

Email
:

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)