

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:

400237051

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: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-34030-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Land USX</u>	Well Number: <u>Y31-01</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>31</u> Township: <u>2N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 10/20/2011 Date of First Production this formation: 11/12/2011

Perforations Top: 7577 Bottom: 7615 No. Holes: 80 Hole size: 0.4

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

Frac'd J-Sand w/ 148,690 gals of Slick Water and Silverstim with 280,500#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/11/2011 Hours: 24 Bbls oil: 47 Mcf Gas: 162 Bbls H2O: 25

Calculated 24 hour rate: _____ Bbls oil: 47 Mcf Gas: 162 Bbls H2O: 25 GOR: 3447

Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1259 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/20/2011 Date of First Production this formation: 11/02/2011

Perforations Top: 6921 Bottom: 7139 No. Holes: 96 Hole size: _____

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

Frac'd Codell/Niobrara w/ 271,135 gals of Slick Water and Silverstim with 494,000#'s of Ottawa sand.
Commingle Codell and Niobrara.
Niobrara perfs 6921-7011 48 holes. Codell perfs 7127-7139 48 holes.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/11/2011 Hours: 24 Bbls oil: 47 Mcf Gas: 162 Bbls H2O: 25

Calculated 24 hour rate: _____ Bbls oil: 47 Mcf Gas: 162 Bbls H2O: 25 GOR: 3447

Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1259 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: _____

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: Regulatory Specialist Date: _____ arawson@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)