

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:
400245907

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>05-123-17564-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HOUSTON</u>	Well Number: <u>17-7L</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>17</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>07/01/2011</u>	Date of First Production this formation: <u>07/01/2011</u>
Perforations Top: <u>7222</u> Bottom: <u>7232</u>	No. Holes: <u>20</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Commingle Codell and Niobrara.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/07/2011</u> Hours: <u>24</u> Bbls oil: <u>30</u> Mcf Gas: <u>91</u> Bbls H2O: <u>4</u>	
Calculated 24 hour rate:	Bbls oil: <u>30</u> Mcf Gas: <u>91</u> Bbls H2O: <u>4</u> GOR: <u>3033</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>669</u> Tubing PSI: <u>398</u> Choke Size: <u>14</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1256</u> API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 1/16</u> Tubing Setting Depth: <u>7201</u>	Tbg setting date: <u>06/29/2011</u> 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: _____

FORMATION: <u>NIORARA</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>07/01/2011</u>	Date of First Production this formation: <u>07/01/2011</u>
Perforations Top: <u>6876</u> Bottom: <u>6948</u>	No. Holes: <u>128</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Commingle Niobrara and Codell.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/07/2011</u> Hours: <u>24</u> Bbls oil: <u>30</u> Mcf Gas: <u>91</u> Bbls H2O: <u>4</u>	
Calculated 24 hour rate:	Bbls oil: <u>30</u> Mcf Gas: <u>91</u> Bbls H2O: <u>4</u> GOR: <u>3033</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>669</u> Tubing PSI: <u>398</u> Choke Size: <u>14</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1256</u> API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 1/16</u> Tubing Setting Depth: <u>7201</u>	Tbg setting date: <u>06/29/2011</u> 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: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email: arawson@nobleenergyinc.com

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)