

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400264089

Date Received:

03/22/2012

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 4. Contact Name: Liz Lindow
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-125-12008-00 6. County: YUMA
7. Well Name: Blach Well Number: 22-8
8. Location: QtrQtr: SENW Section: 8 Township: 1N Range: 46W Meridian: 6
9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/17/2011</u>		Date of First Production this formation: <u>12/12/2011</u>	
Perforations	Top: <u>2561</u> Bottom: <u>2601</u>	No. Holes: <u>120</u>	Hole size: <u>0</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>500 gals 7.5% HCL acid; 29618 gal Mav-100/Foam; 100060lbs Daniels sand</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>12/12/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>73</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>73</u> Bbls H2O: <u>0</u> GOR: <u></u>
Test Method: <u>Flowing</u>	Casing PSI: <u>450</u>	Tubing PSI: <u>0</u>	Choke Size: <u></u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>997</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Liz Lindow

Title: Regulatory Analyst Date: 3/22/2012 Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400264089	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Top of Niobrara changed on form 5 per opr.	5/3/2012 7:51:49 AM
Permit	Email to opr to verify top of Niobrara - not consistent between Form 5 and 5A. 4/30/2012 NKP	4/30/2012 12:58:01 PM

Total: 2 comment(s)