

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:

400266666

Date Received:

03/29/2012

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Cheryl Johnson
Phone: (303) 228-4437
Fax: (303) 228-4286

5. API Number 05-125-11986-00
6. County: YUMA
7. Well Name: Meis
Well Number: 43-7
8. Location: QtrQtr: NESE Section: 7 Township: 1N Range: 46W Meridian: 6
9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 12/21/2011	Date of First Production this formation: 01/26/2012
Perforations Top: 2633 Bottom: 2666	No. Holes: 99 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Frac: 500 gal 7.5% HCL acid; 167 bbls Mav-3 gelled water pad; 499 bbls Mav-3 gelled water w/25000# Texas Gold sand and 50040# Daniels sand. Flush w/29 bbls Mav-3 gelled water.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 01/26/2012 Hours: 24	Bbls oil: 0 Mcf Gas: 108 Bbls H2O: 0
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 108 Bbls H2O: 0 GOR: 0
Test Method: flowing	Casing PSI: 483 Tubing PSI: Choke Size: 0.5
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 990 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: 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: Cheryl Johnson
Title: Regulatory Analyst II Date: 3/29/2012 Email: cheryljohnson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400266666	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)