

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:
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Date Received:

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: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-25878-00 6. County: WELD
 7. Well Name: PHILLIPS PC Well Number: N24-19
 8. Location: QtrQtr: NWNW Section: 24 Township: 5N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/30/2010 Date of First Production this formation: 12/18/2010

Perforations Top: 7458 Bottom: 7480 No. Holes: 88 Hole size: 0.41

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

Frac'd the Codell w/ 132388 gals of Silverstim and Slick Water 15% HCl with 268,780#'s of Ottawa sand.

The Codell is producing through a Composite Flow through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/04/2011 Hours: 10 Bbls oil: 28 Mcf Gas: 249 Bbls H2O: 14

Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 249 Bbls H2O: 14 GOR: 8892

Test Method: FLOWING Casing PSI: 400 Tubing PSI: 0 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1325 API Gravity Oil: 56

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: 11/30/2010 Date of First Production this formation: 12/18/2010
Perforations Top: 7141 Bottom: 7480 No. Holes: 136 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 304583 gals of Silverstim and Slick Water 15% HCl with 519,100#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/04/2011 Hours: 10 Bbls oil: 28 Mcf Gas: 249 Bbls H2O: 14

Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 249 Bbls H2O: 14 GOR: 8892

Test Method: FLOWING Casing PSI: 400 Tubing PSI: 0 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1325 API Gravity Oil: 56

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 Status: PRODUCING

Treatment Date: 11/30/2010 Date of First Production this formation: 12/18/2010
Perforations Top: 7141 Bottom: 7280 No. Holes: 48 Hole size: 0.73

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

Frac'd the Niobrara w/ 172195 gals of Silverstim and Slick Water with 250,320#'s of Ottawa sand.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/04/2011 Hours: 10 Bbls oil: 28 Mcf Gas: 249 Bbls H2O: 14

Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 249 Bbls H2O: 14 GOR: 8892

Test Method: FLOWING Casing PSI: 400 Tubing PSI: 0 Choke Size: 020/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1325 API Gravity Oil: 56

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: Eileen Roberts _____

Title: Regulatory Specialist _____

Date: _____

Email: eroberts@nobleenergyinc.com _____

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)