

FORM 5A

Rev 06/12

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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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: Kathleen Mills
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202 Email: kmills@nobleenergyinc.com

5. API Number 05-123-26038-00 6. County: WELD
 7. Well Name: CERVI-USX CC Well Number: 21-14
 8. Location: QtrQtr: SESW Section: 21 Township: 4N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/08/2008 End Date: 05/08/2008 Date of First Production this formation: 01/09/2011
 Perforations Top: 7227 Bottom: 7246 No. Holes: 76 Hole size: 0.41

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

WELL TURNED ON, FRAC INFO PREVIOUSLY SENT - DOC#1948975 - WELL SI SINCE FRAC

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/18/2011 Hours: 24 Bbl oil: 7 Mcf Gas: 304 Bbl H2O: 105
 Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: 304 Bbl H2O: 105 GOR: 43428
 Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 840 Choke Size: 10/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1110 API Gravity Oil: 46
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7203 Tbg setting date: 04/15/2008 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

WELL SI IN 2008, TURNED ON 1/9/2011. THIS FORM IS TO REPORT TURN ON, FRAC INFO SEND IN 2008. DKTA STILL SI

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

Signed: _____ Print Name: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com
:

Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)