



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.

RECEIVED

FEB 13 2009

COGCC

Complete the
Attachment
Checklist

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, Suite 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- 123-11315</u>	6. County: <u>Weld</u>
7. Well Name: <u>Thompson</u>	Well Number: <u>01</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESE, Sec 28, T4N, R64W</u>	

OP OGCC

wellbore diagram	

FORMATION: Codell / Niobrara Status: Commingled

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6624 Bottom: 6902 No. Holes 160 Hole size: _____

Provide a brief summary of the formation treatment: _____

Commingled Codell and Niobrara.

This formation is commingled with another formation ☐

Test Information:

Date: 11/19/2008 Hours: 24 Bbls oil: 1 Mcf Gas: 4 Bbls H₂O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 4 Bbls H₂O: 0 GOR: 4000

Test Method: Flowing Casing PSI: 900 Tubing PSI: 880 Choke size: 16

Gas Disposition: Sold Gas Type: Wet BTU Gas: 1.307 API Gravity Oil: 53.9

Tubing Size: 2-3/8 Tubing Setting Depth: 6861 Tbg setting date: 11/3/2008 Packer Depth: NA

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeezed ☐ Yes ☐ No If yes number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: _____ Status: _____

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: _____ Bottom: _____ No. Holes _____ Hole size: _____

Provide a brief summary of the formation treatment: _____

This formation is commingled with another formation ☐

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H₂O: _____

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H₂O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeezed ☐ Yes ☐ No If yes number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

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

Print Name: Andrea Rawson

Email: arawson@nobleenergyinc.com

Signature: Andrea Rawson

Title: Regulatory Specialist

Date: 2/11/09