

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

2554565

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) 228-4330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30595-00 6. County: WELD
 7. Well Name: OPATRIL P Well Number: 12-22D
 8. Location: QtrQtr: NESE Section: 12 Township: 3N Range: 67W Meridian: 6

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 01/18/2010 Date of First Production this formation: 01/20/2010
 Perforations Top: 7438 Bottom: 7457 No. Holes: 76 Hole size: 41/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 FRAC'D CODELL W/137004 GALS OF SILVERSTIM AND SLICK WATER WITH 269.180 #S OF OTTAWA SAND. CODELL IS PRODUCING THROUGH COMPOSITE FLOW THROUGH PLUG.
 This formation is commingled with another formation: Yes No
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: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 01/18/2010 Date of First Production this formation: _____

Perforations Top: 7158 Bottom: 7920 No. Holes: 244 Hole size: _____

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

COMMINGLE CODELL/NIOBRARA/J-SAND

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/29/2010 Hours: 24 Bbls oil: 48 Mcf Gas: 327 Bbls H2O: 57

Calculated 24 hour rate: _____ Bbls oil: 48 Mcf Gas: 327 Bbls H2O: 57 GOR: 6813

Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1326 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: J SAND Status: PRODUCING

Treatment Date: 01/18/2010 Date of First Production this formation: 01/20/2010

Perforations Top: 7886 Bottom: 7920 No. Holes: 96 Hole size: 41/100

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

FRAC'D J-SAND W/148218 GALS OF SILVERSTIM AND SLICK WATER WITH 280,898 #'S OF OTTAWA SAND. J-SAND IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

This formation is commingled with another formation: Yes No

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: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/18/2010 Date of First Production this formation: 01/20/2010

Perforations Top: 7158 Bottom: 7322 No. Holes: 72 Hole size: 73/100

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

FRAC'D NIOBRARA W/238644 GALS OF SILVERSTIM AND SLICK WATER WITH 347,819 #'S OF OTTAWA SAND. NIOBARA IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

This formation is commingled with another formation: Yes No

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: _____ 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 Date: 5/21/2010 Email: EROBERTS@NOBLEENERGYINC.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David G. Neslin* Director of COGCC Date: 9/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554565	FORM 5A SUBMITTED	LF@2500711 2554565

Total Attach: 1 Files