

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2555707

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: TANIA MCNUTT
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-17253-00 6. County: GARFIELD
 7. Well Name: JONES Well Number: 17-22A
 8. Location: QtrQtr: SENW Section: 17 Township: 7S Range: 94W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/17/2010 Date of First Production this formation: 05/26/2010

Perforations Top: 7212 Bottom: 9086 No. Holes: 191 Hole size: 34/100

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

FRAC 6000 GAL OF 7.5% HCL; 220,024 GAL OF 2% KCL; 22,375 SKS OF OTTAWA PROPPANT; 5,693 SKS OF SB EXCEL

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1477 Bbls H2O: 360

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1477 Bbls H2O: 360 GOR: 0

Test Method: FLOWING Casing PSI: 2100 Tubing PSI: 1570 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 927 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8883 Tbg setting date: 05/25/2010 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: TANIA MCNUTT

Title: REGULATORY ANALYST Date: 6/14/2010 Email TMCNUTT@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 S. Neslin

Director of COGCC

Date: 10/4/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555707	FORM 5A SUBMITTED	LF@2507842 2555707

Total Attach: 1 Files