

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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Document Number:

400100046

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

5. API Number 05-123-30882-00
6. County: WELD
7. Well Name: HP FARMS USX Y
Well Number: 17-06
8. Location: QtrQtr: SENW Section: 17 Township: 2N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>08/24/2010</u>		Date of First Production this formation: <u>09/15/2010</u>	
Perforations	Top: <u>6874</u> Bottom: <u>7549</u>	No. Holes: <u>80</u>	Hole size: <u>0</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Commingled Niobrara / J-Sand</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>09/24/2010</u>	Hours: <u>24</u>	Bbls oil: <u>28</u>	Mcf Gas: <u>92</u> Bbls H2O: <u>11</u>
Calculated 24 hour rate:		Bbls oil: <u>28</u>	Mcf Gas: <u>92</u> Bbls H2O: <u>11</u> GOR: <u>3286</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>360</u>	Tubing PSI: <u>0</u>	Choke Size: <u>012/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1248</u>	API Gravity Oil: <u>64</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____ _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/24/2010</u>		Date of First Production this formation: <u>09/15/2010</u>	
Perforations	Top: <u>7519</u>	Bottom: <u>7549</u>	No. Holes: <u>32</u>
		Hole size: <u>41</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
frac'd J-Sand w/ 150365 gals of Silverstim and Slick Water with 277,380#'s of Ottawa sand.			
The J-Sand is producing through a Composite Flow Through Plug.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____	Sacks cement on top: _____		

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/24/2010</u>		Date of First Production this formation: <u>09/15/2010</u>	
Perforations	Top: <u>6874</u>	Bottom: <u>6966</u>	No. Holes: <u>48</u>
		Hole size: <u>73</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Frac'd Niobrara w/ 173869 gals of Silverstim and Slick Water with 250,400#'s of Ottawa sand.			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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: _____

Director of COGCC

Date: _____