

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:

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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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-21153-00
6. County: WELD
7. Well Name: CROSS
Well Number: 32-11A
8. Location: QtrQtr: NENE Section: 32 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>05/21/2010</u>	Date of First Production this formation: <u>04/14/2003</u>
Perforations Top: <u>6912</u> Bottom: <u>6924</u>	No. Holes: <u>88</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
The Codell was covered by a sand plug 5/21/10 for Niobrara recompleate Sand plug removed and Niobrara commingled with Codell 6/10/10	
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:	
Sand plug set 5/24/10 for Niobrara recompletion, 6882'-7082'. Plug removed to commingle Niobrara and Codell 6/10/10	
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-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>06/03/2010</u>		Date of First Production this formation: <u>06/10/2010</u>			
Perforations	Top: <u>6646</u>	Bottom: <u>6924</u>	No. Holes: <u>176</u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Codell & Niobrara are commingled					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>07/16/2010</u>	Hours: <u>24</u>	Bbls oil: <u>21</u>	Mcf Gas: <u>110</u>	Bbls H2O: <u>8</u>	
Calculated 24 hour rate:		Bbls oil: <u>21</u>	Mcf Gas: <u>110</u>	Bbls H2O: <u>8</u>	GOR: <u>5238</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>600</u>	Tubing PSI: <u>300</u>	Choke Size: <u>20/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1280</u>	API Gravity Oil: <u>53</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6893</u>	Tbg setting date: <u>07/01/2010</u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>06/03/2010</u>		Date of First Production this formation: <u>06/10/2010</u>			
Perforations	Top: <u>6646</u>	Bottom: <u>6832</u>	No. Holes: <u>88</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
The Niobrara is producing through cast iron flow through plug Frac'd Niobrara w/ 272706 gals Vistar, Acid, and Slick Water with 405259 lbs Ottawa sand					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>06/18/2010</u>	Hours: <u>24</u>	Bbls oil: <u>27</u>	Mcf Gas: <u>97</u>	Bbls H2O: <u>10</u>	
Calculated 24 hour rate:		Bbls oil: <u>27</u>	Mcf Gas: <u>97</u>	Bbls H2O: <u>10</u>	GOR: <u>3593</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>275</u>	Tubing PSI: <u>0</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>		
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

Comment:

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

Signed: _____

Print Name: Justin Garrett

Title: Regulatory Specialist

Date: _____

Email: JDGarrett@nobleenergyinc.com

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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: _____