

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

Document Number:

400101210

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 4. Contact Name: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-19877-00 6. County: WELD
 7. Well Name: HOUNDSKEEPER Well Number: 1-13
 8. Location: QtrQtr: SWNE Section: 1 Township: 3N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 06/24/2010 Date of First Production this formation: 01/31/2000

Perforations Top: 7134 Bottom: 7148 No. Holes: 116 Hole size: _____

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

Codell under sand plug for Niobrara recomplete

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: _____

Sand plug set 6970'-7242' 6/24/10

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: 07/13/2010 Date of First Production this formation: _____

Perforations Top: 6852 Bottom: 6930 No. Holes: 64 Hole size: 70/100

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

Niobrara recomplete
Frac'd Niobrara w/ 169877 gals Vistar, Acid, and Slick Water with 248680 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: 24 Bbls oil: 25 Mcf Gas: 234 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 234 Bbls H2O: 4 GOR: 9360

Test Method: Flowing Casing PSI: 280 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 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: SUSSEX Status: ABANDONED COMPLETION

Treatment Date: 06/21/2010 Date of First Production this formation: 06/03/2000

Perforations Top: 4496 Bottom: 4506 No. Holes: 40 Hole size: _____

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

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: _____

Squeezed Sussex w/150 sacks class G cement 6/21/10

Date formation Abandoned: 06/17/2010 Squeeze: Yes No If yes, number of sacks cmt 150

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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@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: _____