

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 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: <u>CODELL</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>06/24/2010</u>		Date of First Production this formation: <u>01/31/2000</u>	
Perforations	Top: <u>7134</u> Bottom: <u>7148</u>	No. Holes: <u>116</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Codell under sand plug for Niobrara recomple</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u></u>	Hours: <u></u>	Bbls oil: <u></u>	Mcf Gas: <u></u> Bbls H2O: <u></u>
Calculated 24 hour rate:		Bbls oil: <u></u>	Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>
Test Method: <u></u>	Casing PSI: <u></u>	Tubing PSI: <u></u>	Choke Size: <u></u>
Gas Disposition: <u></u>	Gas Type: <u></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:			
<u>Sand plug set 6970'-7242' 6/24/10</u>			
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>NIOBARRA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/13/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6852</u>	Bottom: <u>6930</u>	No. Holes: <u>64</u> Hole size: <u>70/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
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:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: _____	Hours: <u>24</u>	Bbls oil: <u>25</u>	Mcf Gas: <u>234</u> Bbls H2O: <u>4</u>
Calculated 24 hour rate:		Bbls oil: <u>25</u>	Mcf Gas: <u>234</u> Bbls H2O: <u>4</u> GOR: <u>9360</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>280</u>	Tubing PSI: <u>0</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1266</u>	API Gravity Oil: <u>56</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>SUSSEX</u>		Status: <u>ABANDONED COMPLETION</u>	
Treatment Date: <u>06/21/2010</u>		Date of First Production this formation: <u>06/03/2000</u>	
Perforations	Top: <u>4496</u>	Bottom: <u>4506</u>	No. Holes: <u>40</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
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: <u>06/17/2010</u>		Squeeze: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>150</u>
Bridge Plug Depth: _____		Sacks cement on top: _____	

Comment:
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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: \_\_\_\_\_