

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 05-123-20415-00 6. County: WELD
7. Well Name: JURGENS Well Number: 8-14
8. Location: QtrQtr: SENE Section: 8 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>06/04/2010</u>		Date of First Production this formation: <u>05/24/2009</u>	
Perforations	Top: <u>6800</u> Bottom: <u>6813</u>	No. Holes: <u>92</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Codell under sand plug for Niobrara recompleat 6/4/10, removed to commingle with Niobrara</u>			
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-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>06/04/2010</u>		Date of First Production this formation: <u>06/06/2010</u>			
Perforations	Top: <u>6506</u>	Bottom: <u>6813</u>	No. Holes: <u>188</u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Niobrara and Codell commingled					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>08/03/2010</u>	Hours: <u>24</u>	Bbls oil: <u>24</u>	Mcf Gas: <u>129</u>	Bbls H2O: <u>26</u>	
Calculated 24 hour rate:		Bbls oil: <u>24</u>	Mcf Gas: <u>129</u>	Bbls H2O: <u>26</u>	GOR: <u>5375</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>850</u>	Tubing PSI: <u>200</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1532</u>	API Gravity Oil: <u>50</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6784</u>	Tbg setting date: <u>07/23/2010</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>05/20/2010</u>		Date of First Production this formation: <u>06/06/2010</u>			
Perforations	Top: <u>6506</u>	Bottom: <u>6710</u>	No. Holes: <u>96</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Niobrara recomplete Niobrara is producing through composite flow through plugs Frac'd Niobrara w/ 274226 gals pHaserFrac, Acid, and Slick Water with 400060 lbs Ottawa sand					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>06/25/2010</u>	Hours: <u>24</u>	Bbls oil: <u>21</u>	Mcf Gas: <u>103</u>	Bbls H2O: <u>20</u>	
Calculated 24 hour rate:		Bbls oil: <u>21</u>	Mcf Gas: <u>103</u>	Bbls H2O: <u>20</u>	GOR: <u>4905</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1100</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: _____