

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:

400103785

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

5. API Number 05-123-30596-00 6. County: WELD
7. Well Name: FT LUPTON HIGHLANDS USX Well Number: 09-22D
8. Location: QtrQtr: SWNE Section: 9 Township: 1N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/30/2010</u>	Date of First Production this formation: <u>09/01/2010</u>
Perforations Top: <u>7673</u> Bottom: <u>7688</u>	No. Holes: <u>64</u> Hole size: <u>41</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd Codell w/ 134400 gals of Vistar and Slick Water with 270,240#'s of Ottawa sand.	
The Codell 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>J-NIOBRARA-CODELL</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>08/30/2010</u>		Date of First Production this formation: <u>09/01/2010</u>			
Perforations	Top: <u>7434</u>	Bottom: <u>8193</u>	No. Holes: <u>164</u>	Hole size: <u>0</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Commingle Codell / Niobrara / J-Sand					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>09/10/2010</u>	Hours: <u>24</u>	Bbls oil: <u>37</u>	Mcf Gas: <u>195</u>	Bbls H2O: <u>13</u>	
Calculated 24 hour rate:		Bbls oil: <u>37</u>	Mcf Gas: <u>195</u>	Bbls H2O: <u>13</u>	GOR: <u>5270</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>450</u>	Tubing PSI: <u>0</u>	Choke Size: <u>014/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1281</u>	API Gravity Oil: <u>56</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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>08/30/2010</u>		Date of First Production this formation: <u>09/01/2010</u>			
Perforations	Top: <u>8115</u>	Bottom: <u>8139</u>	No. Holes: <u>52</u>	Hole size: <u>41</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd J-Sand w/ 144434 gals of Vistar and Slick Water with 280,760#'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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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>08/30/2010</u>		Date of First Production this formation: <u>09/01/2010</u>	
Perforations	Top: <u>7434</u>	Bottom: <u>7530</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/ 173557 gals of Vistar and Slick Water with 248,960#'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: _____