

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

COMPLETED INTERVAL REPORT

Document Number:
2505090

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: EILEEN ROBERTS
Phone: (303) 228-4330
Fax: (303) 228-4286

5. API Number 05-123-26463-00
6. County: WELD
7. Well Name: FIRESTONE V
Well Number: 20-03
8. Location: QtrQtr: NENW Section: 20 Township: 2N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/11/2009 Date of First Production this formation: 11/25/2009

Perforations Top: 7528 Bottom: 7546 No. Holes: 78 Hole size: 41/100

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

FRAC'D CODELL W/130746 GALS OF SILVERSTIM AND SLICKWATER WITH 270,812 #'S OF OTTAWA SAND.

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:

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: J-CODELL Status: COMMINGLED

Treatment Date: 11/11/2009 Date of First Production this formation: 11/25/2009

Perforations Top: 7528 Bottom: 7990 No. Holes: 184 Hole size: _____

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

COMMINGLE CODELL/J-SAND

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/04/2009 Hours: 24 Bbls oil: 73 Mcf Gas: 263 Bbls H2O: 12

Calculated 24 hour rate: _____ Bbls oil: 73 Mcf Gas: 263 Bbls H2O: 12 GOR: 3603

Test Method: FLOWING Casing PSI: 800 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1294 API Gravity Oil: 50

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: J SAND Status: PRODUCING

Treatment Date: 11/11/2009 Date of First Production this formation: 11/25/2009

Perforations Top: 7958 Bottom: 7990 No. Holes: 106 Hole size: 41/100

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

FRAC'D J-SAND W/130746 GALS OF SILVERSTIM AND SLICKWATER WITH 270,812 #S OF OTTAWA SAND. J-SAND IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

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: _____

Date formation Abandoned: _____ Squeeze: Yes 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 Date: 7/8/2010 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: David S. Neslin Director of COGCC Date: 10/29/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2505090	FORM 5A SUBMITTED	LF@2518136 2505090

Total Attach: 1 Files