

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:
2509262

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: JENNIFER BARNETT
Phone: (303) 228-4342
Fax: (303) 228-4286

5. API Number 05-125-10964-00
6. County: YUMA
7. Well Name: B&B Deterding Well Number: 43-33
8. Location: QtrQtr: NESE Section: 33 Township: 1S Range: 44W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 05/11/2010 Date of First Production this formation: 05/26/2010
Perforations Top: 2104 Bottom: 2140 No. Holes: 108 Hole size: 45/100
Provide a brief summary of the formation treatment: Open Hole:
FRAC: 500 GALS 7.5% HCL ACID BREAKDOWN, 10,000 GALS 30% CO2 FOAM GEL PADS, 32,631 GALS 30% CO2 FOAM GEL, CARRYING 50,020 LBS 16/30 DANIELS & 49,980 LBS 12/20 DANIELS SAND, AVG PSI: 631 PSI, AVG. FL. RATE: 12.7 BPM.
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/26/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 158 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 158 Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 411 Tubing PSI: Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 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: JENNIFER BARNETT
Title: REGULATORY ANALYST Date: 7/8/2010 Email: JBARNETT@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: 11/1/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2509262	FORM 5A SUBMITTED	LF@2515181 2509262

Total Attach: 1 Files