

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

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-22023-00
6. County: WELD
7. Well Name: GRUEN
Well Number: 22-33
8. Location: QtrQtr: SWSW Section: 22 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/11/2010 Date of First Production this formation: 07/26/2004

Perforations Top: 6632 Bottom: 6925 No. Holes: 248 Hole size: _____

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

Codell & Niobrara are commingled
Nothing happend in Codell for Niobrara refrac

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/05/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 132 Bbls H2O: 11

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 132 Bbls H2O: 11 GOR: 10154

Test Method: Flowing Casing PSI: 850 Tubing PSI: 580 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6901 Tbg setting date: 09/24/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 09/13/2010 Date of First Production this formation: 07/26/2004

Perforations Top: 6632 Bottom: 6925 No. Holes: 88 Hole size: _____

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

Niobrara refrac
Frac'd Niobrara w/166076 gals Vistar, Acid, and Slick Water with 250300 lbs 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: _____

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

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: _____