

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 05-123-31036-00 6. County: WELD  
7. Well Name: WILSON Well Number: 1160-29-22  
8. Location: QtrQtr: NWNW Section: 29 Township: 11N Range: 60W Meridian: 6  
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>10/20/2010</u>		Date of First Production this formation: <u>10/30/2010</u>		
Perforations	Top: <u>7534</u>	Bottom: <u>7544</u>	No. Holes: <u>40</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>Frac'd J Sand w/105260 gals pHaserFrac and Slick Water with 181260 lbs Ottawa sand</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>10/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>55</u>	Mcf Gas: <u>49</u>	Bbls H2O: <u>122</u>
Calculated 24 hour rate:		Bbls oil: <u>55</u>	Mcf Gas: <u>49</u>	Bbls H2O: <u>122</u> GOR: <u>891</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>57</u>	Tubing PSI: <u>57</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7472</u>	Tbg setting date: <u>10/22/2010</u>	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: 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: \_\_\_\_\_