

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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COMPLETED INTERVAL REPORT

Document Number:

2511176

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 05-013-06594-00 6. County: BOULDER
 7. Well Name: LYN USX MC Well Number: 05-05
 8. Location: QtrQtr: SWNW Section: 5 Township: 1N Range: 69W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-D-CODELL-NIOBRARA Status: COMMINGLED
 Treatment Date: 11/13/2009 Date of First Production this formation: 11/16/2009
 Perforations Top: 7604 Bottom: 8297 No. Holes: 152 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
COMMINGLE CODELL/NIOBRARA/JSAND.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/25/2009 Hours: 24 Bbls oil: 68 Mcf Gas: 484 Bbls H2O: 91
 Calculated 24 hour rate: Bbls oil: 68 Mcf Gas: 484 Bbls H2O: 91 GOR: 7117
 Test Method: FLOWING Casing PSI: 900 Tubing PSI: 0 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1204 API Gravity Oil: 51
 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: 11/13/2009 Date of First Production this formation: 11/16/2009

Perforations Top: 8280 Bottom: 8297 No. Holes: 68 Hole size: 41/100

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

FRAC'D J-SAND W/ 176610 GALS OF SILVERSTIM AND SLICK WATER WITH 336244#S OF OTTAWA SAND. J-SAND IS PRODUCING THROUGH A CAS IRON 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/13/2009 Date of First Production this formation: 11/16/2009

Perforations Top: 7604 Bottom: 7852 No. Holes: 84 Hole size: _____

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

FRAC'D NIOBRARA W/ 175938 GALS OF SILVERSTIM AND SLICK WATER WITH 251,779 #S OF OTTAWA SAND. NB PUTS 7604-7852, 24 HOLES, SIZE 0.73. CD PUTS 7837-7852; 60 HOLES, SIZE 0.42. FRAC'D CD W/ 133644 GAL SIVERSTIM & SW W/269,104#S OTTAWA SAND. CD PRODUCING THROUGH CAS IRON FLOW THROUGHLY.

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 SPECIALIST

Date: 6/23/2010

Email EROBERTS@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: *David S. Neslin*

Director of COGCC

Date: 11/19/2010

Attachment Check List

Att Doc Num	Name
2511176	FORM 5A SUBMITTED

Total Attach: 1 Files