

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:

2512220

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: ANDREA RAWSON
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-24194-00 6. County: WELD
 7. Well Name: BALBOA C Well Number: 20-9X
 8. Location: QtrQtr: NESE Section: 20 Township: 4N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/30/2010 Date of First Production this formation: 03/31/2010

Perforations Top: 6670 Bottom: 6937 No. Holes: 194 Hole size: _____

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

CODELL PERFS 6926-6937 REFRACD CODELL W/ 127764 GALS OF SLICK WATER AND VISTAR WITH 245500#S OF OTTAWA SAND. COMMINGLE CODELL AND NIOBRARA.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/16/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 144 Bbls H2O: 5

Calculated 24 hour rate: _____ Bbls oil: 13 Mcf Gas: 144 Bbls H2O: 5 GOR: 11076

Test Method: FLOWING Casing PSI: 400 Tubing PSI: 350 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 API Gravity Oil: 57

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6913 Tbg setting date: 04/06/2010 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: 03/30/2010 Date of First Production this formation: _____

Perforations Top: 6670 Bottom: 6762 No. Holes: 150 Hole size: _____

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

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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 6/24/2010 Email ARAWSON@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: 12/1/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)