

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:
2512224

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 05-123-17067-00 6. County: WELD
 7. Well Name: RIVA BLUE Well Number: 31-15
 8. Location: QtrQtr: SWSE Section: 31 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 04/19/2010 Date of First Production this formation: _____
 Perforations Top: 7060 Bottom: 7073 No. Holes: 52 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/19/2010 Date of First Production this formation: 04/27/2010

Perforations Top: 6824 Bottom: 7073 No. Holes: 180 Hole size: _____

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

NIOBRARA PERFS 6824-6936 FRACD NIOBRARA W/ 172998 GALS OF SLICK WATER, VISTAR AND 15% HCL WITH 248000#S OF OTTAWA SAND. COMMINGLE CODELL AND NIOBRARA.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/07/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 48 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 48 Bbls H2O: 3 GOR: 24000

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 520 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1357 API Gravity Oil: 58

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7043 Tbg setting date: 04/23/2010 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: _____

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: 6/30/2010 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)