

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

COMPLETED INTERVAL REPORT

Document Number:

2511650

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) 228-4330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30757-00 6. County: WELD
 7. Well Name: MEEKS L Well Number: 30-18D
 8. Location: QtrQtr: NESE Section: 30 Township: 3N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
 Treatment Date: 06/14/2010 Date of First Production this formation: 06/17/2010
 Perforations Top: 7550 Bottom: 8240 No. Holes: 204 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
COMMINGLE CODELL/NIOBRARA/J-SAND
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/25/2010 Hours: 24 Bbls oil: 57 Mcf Gas: 175 Bbls H2O: 12
 Calculated 24 hour rate: Bbls oil: 57 Mcf Gas: 175 Bbls H2O: 12 GOR: 3070
 Test Method: FLOWING Casing PSI: 650 Tubing PSI: 0 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 50
 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: 06/14/2010 Date of First Production this formation: 06/17/2010

Perforations Top: 8202 Bottom: 8240 No. Holes: 92 Hole size: 21 + 12/10

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

FRAC'D J-SAND W/145748 GALS OF VISTAR AND SLICK WATER WITH 297,580#'S OF OTTAWA SAND. THE J-SAND IS PRODUCING THROUGH A COMPASITE 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: 06/14/2010 Date of First Production this formation: 06/17/2010

Perforations Top: 7550 Bottom: 7780 No. Holes: 112 Hole size: 73/100

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

FRAC'D NIOBRARA W/176949 GALS OF VISTAR AND SLICK WATER WITH 248,460# OF OTTAWA SAND. NB PERF 7550-7626' 48 HOLES SYO .073". CO PERFS 7794-7780' 64 HOLES SIZE 0.41 FRAC'D CODELL W/132299 GALS OF VISTAR AND SLICK WATER WITH 269,780#'S OF OTTAWA SAND. THE CODELL IS PRODUCING THROUGH A COMPOSITE 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: _____

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: 8/6/2010

Email: EROBERTS@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: 12/2/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)