

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:

2511818

**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: ANDREA RAWSON  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-29682-00 6. County: WELD  
7. Well Name: TULO G Well Number: 30-28  
8. Location: QtrQtr: SESW Section: 19 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |   |
|---|---|
| FORMATION: <u>CODELL</u>  | Status: <u>COMMINGLED</u>   |
| Treatment Date: <u>03/11/2010</u>   | Date of First Production this formation: <u>03/12/2010</u>              |
| Perforations Top: <u>7220</u> Bottom: <u>7235</u>   | No. Holes: <u>60</u> Hole size: <u>41/100</u>                           |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>                                     |
| <u>FRAC'D CODELL W/132,820 GALS OF SLICK WATER, SILVERSTIM AND 15% HCl WITH 270,220#'S OF OTTAWA SAND.</u>                          |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            |   |
| <b>Test Information:</b>  |   |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ |   |
| Bridge Plug Depth: _____ Sacks cement on top: _____   |   |

|  |                  |   |                                     |                            |                   |
|--|------------------|---|-------------------------------------|----------------------------|-------------------|
| FORMATION: <u>J-NIOBRARA-CODELL</u>  |                  |   | Status: <u>PRODUCING</u>            |                            |                   |
| Treatment Date: <u>03/11/2010</u>  |                  | Date of First Production this formation: <u>03/12/2010</u>        |                                     |                            |                   |
| Perforations   | Top: <u>6946</u> | Bottom: <u>7732</u>   | No. Holes: <u>192</u>               | Hole size: _____           |                   |
| Provide a brief summary of the formation treatment:  |                  |   | Open Hole: <input type="checkbox"/> |                            |                   |
| <u>COMMINGLE CODELL, NIOBRARA, J-SAND.</u>   |                  |   |                                     |                            |                   |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                  |   |                                     |                            |                   |
| <b>Test Information:</b>   |                  |   |                                     |                            |                   |
| Date: <u>03/19/2010</u>  | Hours: <u>24</u> | Bbls oil: <u>80</u>   | Mcf Gas: <u>1241</u>                | Bbls H2O: <u>101</u>       |                   |
| Calculated 24 hour rate:   |                  | Bbls oil: <u>80</u>   | Mcf Gas: <u>1241</u>                | Bbls H2O: <u>101</u>       | GOR: <u>15512</u> |
| Test Method: <u>FLOWING</u>  |                  | Casing PSI: <u>1500</u>   | Tubing PSI: <u>0</u>                | Choke Size: <u>14</u>      |                   |
| Gas Disposition: <u>SOLD</u>   |                  | Gas Type: <u>WET</u>  | BTU Gas: <u>1080</u>                | API Gravity Oil: <u>65</u> |                   |
| Tubing Size: _____   |                  | Tubing Setting Depth: _____                                       | Tbg setting date: _____             | Packer Depth: _____        |                   |
| Reason for Non-Production:<br>_____  |                  |   |                                     |                            |                   |
| 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: _____  |                                     |                            |                   |

|  |                  |   |                                     |                          |            |
|--|------------------|---|-------------------------------------|--------------------------|------------|
| FORMATION: <u>NIOBRARA</u>   |                  |   | Status: <u>COMMINGLED</u>           |                          |            |
| Treatment Date: <u>03/11/2010</u>  |                  | Date of First Production this formation: <u>03/12/2010</u>        |                                     |                          |            |
| Perforations   | Top: <u>6946</u> | Bottom: <u>7112</u>   | No. Holes: <u>72</u>                | Hole size: <u>73/100</u> |            |
| Provide a brief summary of the formation treatment:  |                  |   | Open Hole: <input type="checkbox"/> |                          |            |
| <u>FRAC'D NIOBRARA W/272,499 GALS OF SLICK WATER AND SILVERSTIM WITH 399,460#'S OF OTTAWA SAND.</u>                      |                  |   |                                     |                          |            |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |   |                                     |                          |            |
| <b>Test Information:</b>   |                  |   |                                     |                          |            |
| 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:<br>_____  |                  |   |                                     |                          |            |
| 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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 7/15/2010 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: 12/9/2010

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2511818     | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)