

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:

2071521

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: JUSTIN GARRETT
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-25586-00 6. County: WELD
 7. Well Name: SLEDGE C Well Number: 9-30
 8. Location: QtrQtr: NWNW Section: 9 Township: 4N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 02/05/2009 Date of First Production this formation: 02/26/2009

Perforations Top: 7079 Bottom: 7091 No. Holes: 48 Hole size: 41/100

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

CODELL PRODUCING THROUGH CAST IRON FLOW THROUGH PLUGS.
FRAC'D CODELL W/ 174235 GALS SILVERSTIM, ACID AND SLICKWATER WITH 269740 LBS OTTAWA SAND

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: 02/05/2009 Date of First Production this formation: 02/26/2009

Perforations Top: 6802 Bottom: 7091 No. Holes: 112 Hole size: _____

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

CODELL & NIOBRARA ARE COMMINGLED

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/06/2010 Hours: 24 Bbls oil: 37 Mcf Gas: 71 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 37 Mcf Gas: 71 Bbls H2O: 4 GOR: 1919

Test Method: FLOWING Casing PSI: 175 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 56

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 Status: COMMINGLED

Treatment Date: 02/05/2009 Date of First Production this formation: 02/26/2009

Perforations Top: 6802 Bottom: 6909 No. Holes: 64 Hole size: 73/100

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

FRAC'D NIOBRARA W/174235 GALS SILVERSTIM AND SLICKWATER WITH 249500 LBS OTTAWA SAND.

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: JUSTIN GARRETT

Title: REGULATORY SPECIALIST Date: 8/30/2010 Email: JDGARRETT@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. Nashin Director of COGCC Date: 12/14/2010

Attachment Check List

Att Doc Num	Name
2071521	FORM 5A SUBMITTED
2512790	OTHER

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)