

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:

400117886

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) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-25746-00 6. County: WELD
 7. Well Name: Federal Well Number: CB4-24
 8. Location: QtrQtr: NWNW Section: 24 Township: 8N Range: 60W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: J SAND Status: ABANDONED COMPLETION
 Treatment Date: 02/24/2010 Date of First Production this formation: _____
 Perforations Top: 6910 Bottom: 6912 No. Holes: 12 Hole size: 0.73
 Provide a brief summary of the formation treatment: _____ Open Hole:
 J-Sand perfed 2/24/2010 incapable of production.
 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: _____
 Incapable of production.
 Date formation Abandoned: 11/16/2010 Squeeze: Yes No If yes, number of sacks cmt 2
 Bridge Plug Depth: 6862 Sacks cement on top: 2

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/22/2010 Date of First Production this formation: 11/29/2010

Perforations Top: 6114 Bottom: 6304 No. Holes: 124 Hole size: 0.73

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

Frac'd Niobrara w/270228 gals of Silverstim and Slick Water with 402,100#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/29/2010 Hours: 24 Bbls oil: 36 Mcf Gas: 0 Bbls H2O: 130

Calculated 24 hour rate: Bbls oil: 36 Mcf Gas: 0 Bbls H2O: 130 GOR: 0

Test Method: FLOWING Casing PSI: 650 Tubing PSI: 100 Choke Size: 0

Gas Disposition: VENTED Gas Type: WET BTU Gas: 1146 API Gravity Oil: 55

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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400117922	CEMENT JOB SUMMARY
400117923	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)