

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:

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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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-12341-00 6. County: WELD
7. Well Name: MCKINLEY Well Number: 4
8. Location: QtrQtr: SWSW Section: 5 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/17/2010</u>	Date of First Production this formation: <u>02/17/1991</u>
Perforations Top: <u>6842</u> Bottom: <u>7150</u>	No. Holes: <u>179</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Niobrara refrac; nothing new happened in Codell</u> <u>Codell and Niobrara are commingled</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/03/2010</u> Hours: <u>24</u> Bbls oil: <u>5</u> Mcf Gas: <u>123</u> Bbls H2O: <u>11</u>	
Calculated 24 hour rate:	Bbls oil: <u>5</u> Mcf Gas: <u>123</u> Bbls H2O: <u>11</u> GOR: <u>24600</u>
Test Method: <u>Flowing</u> Casing PSI: <u>500</u> Tubing PSI: <u>250</u> Choke Size: <u>32/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1256</u> API Gravity Oil: <u>63</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7128</u> Tbg setting date: <u>11/22/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: <u> NIOBRARA </u>		Status: <u> COMMINGLED </u>			
Treatment Date: <u> 11/17/2010 </u>		Date of First Production this formation: <u> 02/17/1991 </u>			
Perforations	Top: <u> 6842 </u>	Bottom: <u> 7040 </u>	No. Holes: <u> 86 </u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
<div>Niobrara refrac Frac'd Niobrara w/168462 gals Vistar, acid, and Slick Water with 255339 lbs Ottawa sand</div>					
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:					
Date: <u> </u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	
Calculated 24 hour rate:		Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	GOR: <u> </u>
Test Method: <u> </u>		Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>	
Gas Disposition: <u> </u>		Gas Type: <u> </u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>	
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>		
Reason for Non-Production: <div></div>					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

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: _____ 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: _____ Director of COGCC _____ Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)