

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:

400118847

**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 05-001-09633-00 6. County: ADAMS  
7. Well Name: MINIS-USX YM Well Number: 3-14  
8. Location: QtrQtr: SESW Section: 3 Township: 3S Range: 64W Meridian: 6  
9. Field Name: JAMBOREE Field Code: 40590

Completed Interval

FORMATION: <u>D SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/20/2007</u>		Date of First Production this formation: <u>04/21/2008</u>	
Perforations	Top: <u>7988</u>	Bottom: <u>7992</u>	No. Holes: <u>17</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Gas Sales Line Added 4/21/08; no linger waiting on pipeline.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>05/02/2008</u>	Hours: <u>24</u>	Bbls oil: <u>28</u>	Mcf Gas: <u>73</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>28</u>	Mcf Gas: <u>73</u> Bbls H2O: <u>0</u> GOR: <u>2607</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>480</u>	Tubing PSI: <u>310</u>	Choke Size: <u>26/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1626</u>	API Gravity Oil: <u>53</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7968</u>	Tbg setting date: <u>10/31/2007</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>	

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**

User Group	Comment	Comment Date

Total: 0 comment(s)