

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:

400118851

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 05-123-16611-00 6. County: WELD
7. Well Name: RUMSEY Well Number: 4-9
8. Location: QtrQtr: NESE Section: 4 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 11/09/2010 Date of First Production this formation: 04/17/1993
Perforations Top: 7196 Bottom: 7212 No. Holes: 50 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell covered by sand plug for Niobrara refrac 10/4/10; then removed to commingle 11/2/10. Sand plug 7050'-7330'
This formation is commingled with another formation: [X] 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: 11/09/2010 Date of First Production this formation: 04/17/1993

Perforations Top: 6874 Bottom: 7212 No. Holes: 142 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: 11/16/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 286 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 286 Bbls H2O: 0 GOR: 19067

Test Method: Flowing Casing PSI: 520 Tubing PSI: 300 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1250 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 11/02/2010 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: 10/14/2010 Date of First Production this formation: 04/17/1993

Perforations Top: 6874 Bottom: 7010 No. Holes: 92 Hole size: _____

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

Niobrara refrac
Frac'd Niobrara w/175334 gals Silverstim, acid, and Slick Water with 251080 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/19/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 251 Bbls H2O: 38

Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 251 Bbls H2O: 38 GOR: 14765

Test Method: Flowing Casing PSI: 260 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1250 API Gravity Oil: 64

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: _____ 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)