

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:
400099624

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

5. API Number 05-123-19237-00
6. County: WELD
7. Well Name: ANDERSON Well Number: 4-44
8. Location: QtrQtr: SWSE Section: 4 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 08/09/2000 Date of First Production this formation: 11/18/1996
Perforations Top: 7363 Bottom: 7373 No. Holes: 80 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Nothing new happened for Nio recomplete
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: 06/17/2010 Date of First Production this formation: 06/25/2010

Perforations Top: 7052 Bottom: 7373 No. Holes: 144 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: 06/25/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 89 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 89 Bbls H2O: 4 GOR: 5933

Test Method: Flowing Casing PSI: 520 Tubing PSI: 220 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1333 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7355 Tbg setting date: 06/14/2010 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: 06/08/2010 Date of First Production this formation: 06/17/2010

Perforations Top: 7052 Bottom: 7202 No. Holes: 64 Hole size: 73/100

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

Niobrara Recomplete
Frac'd Niobrara w/ 176196 gals Vistar, Acid, and Slick Water with 250000 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/25/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 89 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 89 Bbls H2O: 4 GOR: 5933

Test Method: Flowing Casing PSI: 520 Tubing PSI: 220 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7356 Tbg setting date: 06/14/2010 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: _____

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: 10/14/2010 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. Neslin Director of COGCC Date: 12/29/2010

Attachment Check List

Att Doc Num	Name
400099624	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)