

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:

400101308

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 05-123-30593-00 6. County: WELD
 7. Well Name: FT LUPTON HIGHLANDS USX Well Number: 09-18D
 8. Location: QtrQtr: SWNE Section: 9 Township: 1N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
 Treatment Date: 09/13/2010 Date of First Production this formation: 09/14/2010
 Perforations Top: 7350 Bottom: 8064 No. Holes: 168 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 J-Sand, Niobrara, and Codell are commingled
 The J-Sand and Codell are producing through composite flow through 2 plugs
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/21/2010 Hours: 24 Bbls oil: 52 Mcf Gas: 192 Bbls H2O: 59
 Calculated 24 hour rate: _____ Bbls oil: 52 Mcf Gas: 192 Bbls H2O: 59 GOR: 3692
 Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 10/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1275 API Gravity Oil: 50
 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: J SAND Status: PRODUCING

Treatment Date: 09/13/2010 Date of First Production this formation: 09/14/2010

Perforations Top: 8014 Bottom: 8064 No. Holes: 56 Hole size: 41/100

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

The J-Sand is producing through composite flow through plug 7650'-7562'
Frac'd J-Sand w/ 149642 gals Silverstim with 280429 lbs Ottawa sand and SB Excel

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: 09/13/2010 Date of First Production this formation: 09/14/2010

Perforations Top: 7350 Bottom: 7592 No. Holes: 112 Hole size: _____

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

The Codell is producing through composite flow through plug 7480'-7482'. CD perms 7578-7592, 64 holes @ .41".
Frac'd Codell w/ Silverstim and Acid with 269300 lbs Ottawa sand. NB perms 7350-7440, 48 holes @ .73". FRAC'D nb W/173901
GALS SILVERSTIM WITH 248560 LBS OTTAWA SAND.

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: _____

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: 10/18/2010 Email JDGarrett@nobleenergyinc.com
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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: 12/30/2010

Attachment Check List

Att Doc Num	Name
400101308	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)