

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400101579

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 05-123-17005-00 6. County: WELD
7. Well Name: PARKER BLUE Well Number: D 23-15
8. Location: QtrQtr: SWSE Section: 23 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>07/14/2010</u>		Date of First Production this formation: <u>09/28/1993</u>	
Perforations	Top: <u>6914</u>	Bottom: <u>6927</u>	No. Holes: <u>104</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Codell was under sand plug 6790'-7036' for Niobrara recomplete 6/3/10, removed to commingle w/ Niobrara 7/14/10</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: _____			
<div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL		Status: PRODUCING	
Treatment Date: 07/16/2010		Date of First Production this formation: 07/16/2010	
Perforations	Top: 6684	Bottom: 6927	No. Holes: 160
		Hole size:	
Provide a brief summary of the formation treatment:		Open Hole:	
Codell & Niobrara are commingled			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: 08/13/2010	Hours: 24	Bbls oil: 10	Mcf Gas: 57
		Bbls H2O: 5	
Calculated 24 hour rate:		Bbls oil: 10	Mcf Gas: 57
		Bbls H2O: 5	GOR: 5700
Test Method: Flowing	Casing PSI: 1050	Tubing PSI: 550	Choke Size: 26/64
Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1304	API Gravity Oil: 47
Tubing Size: 2 + 1/16	Tubing Setting Depth: 6885	Tbg setting date: 08/05/2010	Packer Depth:
Reason for Non-Production:			
Date formation Abandoned:		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth:		Sacks cement on top:	

FORMATION: NIOBRARA						Status: COMMINGLED															
Treatment Date: 06/24/2010				Date of First Production this formation:				07/16/2010													
Perforations Top:		6684		Bottom:		6698		No. Holes:		56		Hole size:	27/100								
Provide a brief summary of the formation treatment:								Open Hole:				<input type="checkbox"/>									
Niobrara recomplete Frac'd Niobrara w/175434 gals Vistar, Acid, and Slick Water with 249380 lbs Ottawa sand																					
This formation is commingled with another formation:								<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No											
Test Information:																					
Date:		07/23/2010		Hours:		24		Bbls oil:		12		Mcf Gas:		1		Bbls H2O:	14				
Calculated 24 hour rate:						Bbls oil:		12		Mcf Gas:		1		Bbls H2O:		14		GOR:		83	
Test Method:				Flowing				Casing PSI:		240		Tubing PSI:		0		Choke Size:				10/64	
Gas Disposition:				SOLD				Gas Type:		WET		BTU Gas:				API Gravity Oil:					
Tubing Size:				Tubing Setting Depth:				Tbg setting date:				Packer Depth:									
Reason for Non-Production:																					
Date formation Abandoned:								Squeeze:		<input type="checkbox"/> Yes		<input type="checkbox"/> 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: 10/19/2010 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: 12/30/2010

Attachment Check List

Att Doc Num	Name
400101579	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)