

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:
400101825

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 05-123-17412-00 6. County: WELD
 7. Well Name: THOMPSON Well Number: 28-12
 8. Location: QtrQtr: NWSW Section: 28 Township: 4N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 05/13/2010 Date of First Production this formation: 10/18/1993
 Perforations Top: 6955 Bottom: 6969 No. Holes: 76 Hole size: 39/100
 Provide a brief summary of the formation treatment: Open Hole:
Codell was covered by a sand plug for Niobrara refrac; sand plug removed 6/10/10 after Niobrara refrac
 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: 05/13/2010 Date of First Production this formation: 10/18/1993

Perforations Top: 6684 Bottom: 6969 No. Holes: 156 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: 06/18/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 92 Bbls H2O: 2

Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 92 Bbls H2O: 2 GOR: 6133

Test Method: Flowing Casing PSI: 860 Tubing PSI: 240 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1298 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6933 Tbg setting date: 06/07/2010 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: 05/13/2010 Date of First Production this formation: 10/18/1993

Perforations Top: 6684 Bottom: 6831 No. Holes: 80 Hole size: 70/100

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

Niobrara refrac
Frac'd Niobrara w/176339 als Vistar, Acid, and Slick Water with 247000 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/19/2010 Hours: 24 Bbls oil: 32 Mcf Gas: 102 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 32 Mcf Gas: 102 Bbls H2O: 0 GOR: 3188

Test Method: Flowing Casing PSI: 422 Tubing PSI: 0 Choke Size: 16/64

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: 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: 10/19/2010 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 |
|-------------|-------------------|
| 400101825 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)