

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:

400116686

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: Linda Pavelka
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-125-11898-00 6. County: YUMA
7. Well Name: Gardner Trusts Well Number: 44-20
8. Location: QtrQtr: SESE Section: 20 Township: 2N Range: 46W Meridian: 6
9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 11/30/2010 Date of First Production this formation: 12/13/2010
Perforations Top: 2527 Bottom: 2561 No. Holes: 102 Hole size: 0.4
Provide a brief summary of the formation treatment: Open Hole:
Frac: 500 gals 7.5% HCL acid breakdown, 10,000 gals 30% CO2 foam gel pads, 32,869 gas 30% CO2 foam gel, carrying 49,200 lbs 16/30 Daniels, 880 lbs 16/30 AZ & 50,040 12/20 Daniels sand, Ave Psi: 988 psi, Avg. Flo. Rate: 15.0 bpm
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 0 GOR:
Test Method: Flowing Casing PSI: 451 Tubing PSI: Choke Size: 0.5
Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 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: Linda Pavelka
Title: Regulatory Manager Date: Email lpavelka@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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)