

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:

400098873

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-31030-00
6. County: WELD
7. Well Name: PLUSS L Well Number: 11-18
8. Location: QtrQtr: SENW Section: 11 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 08/23/2010 Date of First Production this formation: 09/01/2010
Perforations Top: 7128 Bottom: 7843 No. Holes: 180 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole:
Commingled Codell / Niobrara / J-Sand
This formation is commingled with another formation: Yes No
Test Information:
Date: 09/10/2010 Hours: 24 Bbls oil: 19 Mcf Gas: 334 Bbls H2O: 5
Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 334 Bbls H2O: 5 GOR: 17579
Test Method: Flowing Casing PSI: 860 Tubing PSI: 860 Choke Size: 010/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 64
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: 08/23/2010 Date of First Production this formation: 09/01/2010

Perforations Top: 7811 Bottom: 7843 No. Holes: 68 Hole size: 41

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

Frac'd J-Sand w/ 148846 gals of Vistar And Slick Water with 281,260#'s of Ottawa sand.
The J-Sand is producing through a Composite Flow Through Plug.

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: 08/23/2010 Date of First Production this formation: 09/01/2010

Perforations Top: 7116 Bottom: 7361 No. Holes: 112 Hole size: _____

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

Frac'd Codell w/ 124510 gals of Vstar and Slick Water with 239,352#'s of Ottawa sand. CD perms 7645-7361, 64 holes @.40".
The Codell is producing through a Composit Flow Through PLug. NB perms 7116-7210, 48 holes @.73". Frac'd NB w/172410 gals of Vistar and Slickwater with 248020#'s of 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: Eileen Roberts

Title: Regulatory Specialist Date: 10/8/2010 Email: eroberts@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: 1/11/2011

Attachment Check List

Att Doc Num	Name
400098873	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)