

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:

400108996

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 05-123-24790-00 6. County: WELD
 7. Well Name: WASTE MANAGEMENT USX Y Well Number: 03-05
 8. Location: QtrQtr: SWNW Section: 3 Township: 2N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 10/13/2010 Date of First Production this formation: 10/15/2010

Perforations Top: 6786 Bottom: 7500 No. Holes: 176 Hole size: _____

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

Codell/Niobrara recomplete
J Sand, Codell, and Niobrara are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/22/2010 Hours: 24 Bbls oil: 50 Mcf Gas: 107 Bbls H2O: 27

Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 107 Bbls H2O: 27 GOR: 2140

Test Method: Flowing Casing PSI: 350 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 47

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: 10/13/2010 Date of First Production this formation: 08/30/2007

Perforations Top: 7468 Bottom: 7500 No. Holes: 72 Hole size: 42/100

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

J Sand producing through cast iron flow through plug; nothing else new in J Sand during Niobrara/Codell recomplete.

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: 10/13/2010 Date of First Production this formation: 10/15/2010

Perforations Top: 6786 Bottom: 7028 No. Holes: 104 Hole size: _____

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

Codell recomplete, CD perms 7014-7028 56 holes @.41".
Codell is producing through composite flow through plug
Frac'd Codell w/132813 gals Silverstim, Acid, and Slick Water with 269460 lbs Ottawa sand. NB perms 6786-6890, @.73" Frac'd NB w/175156 gals Silverstim acid and slickwater with 250060 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: 11/16/2010 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: 1/18/2011

Attachment Check List

Att Doc Num	Name
400108996	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)