

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

COMPLETED INTERVAL REPORT

Document Number:

400122051

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 05-123-30267-00 6. County: WELD
 7. Well Name: MCKAY AB Well Number: 02-13
 8. Location: QtrQtr: SWSW Section: 2 Township: 7N Range: 64W Meridian: 6
 9. Field Name: TOM CAT Field Code: 82390

Completed Interval

FORMATION: LYONS Status: PRODUCING
 Treatment Date: 03/30/2010 Date of First Production this formation: 04/13/2010
 Perforations Top: 8837 Bottom: 8845 No. Holes: 32 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
Lyons-Tight Hole
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/23/2010 Hours: 24 Bbls oil: 132 Mcf Gas: 0 Bbls H2O: 348
 Calculated 24 hour rate: Bbls oil: 132 Mcf Gas: 0 Bbls H2O: 348 GOR: 0
 Test Method: Flowing Casing PSI: 5 Tubing PSI: 0 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 API Gravity Oil: 41
 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: 1/10/2011 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: 1/28/2011

Attachment Check List

Att Doc Num	Name
400122051	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)