

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:

400164249

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 05-123-16499-00 6. County: WELD
 7. Well Name: BOCKIUS Well Number: 34-2G
 8. Location: QtrQtr: NWNE Section: 34 Township: 4N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/09/2011 Date of First Production this formation: 02/22/1993

Perforations Top: 6800 Bottom: 7096 No. Holes: 292 Hole size: _____

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

Niobrara & Codell are commingled
Codell refrac
Niobrara 6800'-6964', 216 holes
Nothing new happened in Niobrara
Codell 7082'-7096', 76 holes
Frac'd Codell w/121911 gals Vistar and Slick Water with 240380 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/04/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 150 Bbls H2O: 3

Calculated 24 hour rate: _____ Bbls oil: 50 Mcf Gas: 150 Bbls H2O: 3 GOR: 3000

Test Method: Flowing Casing PSI: 600 Tubing PSI: 500 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1258 API Gravity Oil: 64

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7064 Tbg setting date: 01/19/2011 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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)