

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:

400164715

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 05-123-23014-00 6. County: WELD
 7. Well Name: NYGREN Well Number: 41-19
 8. Location: QtrQtr: NENE Section: 19 Township: 4N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 01/28/2011 Date of First Production this formation: 09/27/2005
 Perforations Top: 7208 Bottom: 7228 No. Holes: 80 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Codell refrac
 Frac'd Codell w/133220 gals Vistar with 244760 lbs Ottawa sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 02/11/2011 Hours: 24 Bbls oil: 42 Mcf Gas: 58 Bbls H2O: 6
 Calculated 24 hour rate: Bbls oil: 42 Mcf Gas: 58 Bbls H2O: 6 GOR: 1381
 Test Method: Flowing Casing PSI: 700 Tubing PSI: 384 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1389 API Gravity Oil: 51
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7182 Tbg setting date: 01/20/2011 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

<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)