

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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Document Number:
400142210

COMPLETED INTERVAL REPORT

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-11749-00 6. County: WELD
7. Well Name: GRUEN Well Number: 22-1
8. Location: QtrQtr: NWSW Section: 22 Township: 6N Range: 64W Meridian: 6
9. Field Name: OWL CREEK Field Code: 65500

Completed Interval

FORMATION: CODELL Status: SHUT IN

Treatment Date: 01/14/2011 Date of First Production this formation: _____

Perforations Top: 6900 Bottom: 6910 No. Holes: 24 Hole size: _____

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

Codell under sand plug at 6980.

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: _____

Will commingle at a later date.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/14/2011 Date of First Production this formation: 01/18/2011
Perforations Top: 6660 Bottom: 6794 No. Holes: 62 Hole size: 73

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

Frac'd Niobrara w/ 163,464 gals of Slick water, Silverstim, and 15% HCl with 255,684#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/25/2011 Hours: 24 Bbls oil: 44 Mcf Gas: 263 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: 44 Mcf Gas: 263 Bbls H2O: 4 GOR: 5977
Test Method: Flowing Casing PSI: 850 Tubing PSI: 0 Choke Size: 20
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 60
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: Andrea Rawson

Title: Regulatory Specialist Date: 3/14/2011 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400142210	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)