

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:

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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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Cheryl Johnson
Phone: (303) 228-4437
Fax: (303) 228-4286

5. API Number 05-125-11955-00
6. County: YUMA
7. Well Name: Gardner Trusts
Well Number: 31-20
8. Location: QtrQtr: NENE Section: 20 Township: 2N Range: 46W Meridian: 6
9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 05/02/2011	Date of First Production this formation: 05/16/2011
Perforations Top: 2550 Bottom: 2580	No. Holes: 90 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Pumped 500 gals 7.5% HCL acid, 167 bbls MAV-100 gelled water pad, 502 bbls MAV-100 gelled water w/50,520# 16/30 Daniels Sand and 549,980# 12/30 Texas Gold sand. Flush w/28 bbls Mav-100 gelled water.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 05/16/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 141 Bbls H2O: 0
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 141 Bbls H2O: 0 GOR: 0
Test Method: Flowing	Casing PSI: 472 Tubing PSI: Choke Size: 0.5
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 990 API Gravity Oil: 0
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Cheryl Johnson
Title: Regulatory Analyst II Date: _____ Email: cheryljohnson@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

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

Total: 0 comment(s)