


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">400158320</div>	DE	ET	OE	ES				
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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.											
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Treatment Date: <u>01/26/2011</u> Date of First Production this formation: <u>02/07/1994</u>											
Perforations Top: <u>6977</u> Bottom: <u>7290</u> No. Holes: <u>95</u> Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;"> Codell & Niobrara are commingled Codell trfrac; nothing new happened in Niobrara Frac'd Codell w/128541 gals Vistar and Slick Water with 245000 lbs Ottawa sand </div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
Date: <u>03/18/2011</u> Hours: <u>24</u> Bbls oil: <u>3</u> Mcf Gas: <u>107</u> Bbls H2O: <u>3</u>											
Calculated 24 hour rate: _____ Bbls oil: <u>3</u> Mcf Gas: <u>107</u> Bbls H2O: <u>3</u> GOR: <u>35667</u>											
Test Method: <u>Flowing</u> Casing PSI: <u>410</u> Tubing PSI: <u>410</u> Choke Size: <u>32/64</u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1300</u> API Gravity Oil: <u>65</u>											
Tubing Size: <u>2 + 1/16</u> Tubing Setting Depth: <u>7233</u> Tbg setting date: <u>02/01/2011</u> 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: Justin Garrett

Title: Regulatory Specialist Date: 4/28/2011 Email: JDGarrett@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400158320	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)