

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

Document Number:
400164211

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-17625-00
6. County: WELD
7. Well Name: BACKUS Well Number: 4-16
8. Location: QtrQtr: SESE Section: 4 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/08/2011 Date of First Production this formation: 12/30/1993
Perforations Top: 6786 Bottom: 7118 No. Holes: 207 Hole size: _____

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

Niobrara and Codell commingled after Niobrara refrac 12/6/2010; Sand plug removed from Codell 2/8/2011.
Codell 7104'-7118', 65 holes
Niobrara 6786'-6918', 142 holes

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/14/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 225 Bbls H2O: 16
Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 225 Bbls H2O: 16 GOR: 15000
Test Method: Flowing Casing PSI: 750 Tubing PSI: 650 Choke Size: 34/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1265 API Gravity Oil: 61
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7080 Tbg setting date: 02/08/2011 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: 5/16/2011 Email JDGarrett@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400164211	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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