

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:

400170696

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

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: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/02/2011</u>	Date of First Production this formation: <u>05/16/2011</u>
Perforations Top: <u>2550</u> Bottom: <u>2580</u>	No. Holes: <u>90</u> Hole size: <u>0.41</u>
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	
<b>Test Information:</b>	
Date: <u>05/16/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>141</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>141</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>472</u> Tubing PSI: <u></u> Choke Size: <u>0.5</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>990</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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: 6/13/2011

Email cheryljohnson@nobleenergyinc.com  
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### **Attachment Check List**

Att Doc Num	Name
400170696	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)