

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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COMPLETED INTERVAL REPORT

Document Number:
400176122

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: <u>100322</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-31411-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WARDELL H</u>	Well Number: <u>19-32D</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>19</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/28/2011 Date of First Production this formation: 04/29/2011

Perforations Top: 8027 Bottom: 8074 No. Holes: 128 Hole size: 0.41

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

Frac'd J-Sand w/ 150452 gals of Silverstim and Slick Water with 280,020#'s of Ottawa sand.

The J-sand is producing through a Composite Flow Through Plug.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/06/2011 Hours: 16 Bbls oil: 53 Mcf Gas: 510 Bbls H2O: 61

Calculated 24 hour rate: _____ Bbls oil: 53 Mcf Gas: 510 Bbls H2O: 61 GOR: 9622

Test Method: FLOWING Casing PSI: 650 Tubing PSI: 0 Choke Size: 016/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 54

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/28/2011 Date of First Production this formation: 04/29/2011

Perforations Top: 7366 Bottom: 7580 No. Holes: 112 Hole size: 0

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

Frac'd Niobrara-Codell w/ 272055 gals of Silverstim and Slick Water with 492,980#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/06/2011 Hours: 16 Bbls oil: 53 Mcf Gas: 510 Bbls H2O: 61

Calculated 24 hour rate: _____ Bbls oil: 53 Mcf Gas: 510 Bbls H2O: 61 GOR: 9622

Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 016/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 54

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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email: eroberts@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

User Group	Comment	Comment Date

Total: 0 comment(s)