

**FORM
5A**Rev
02/08State 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:

400147938

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-29438-00 6. County: WELD
7. Well Name: GULLEY Well Number: 17-15
8. Location: QtrQtr: NWNE Section: 17 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>01/13/2011</u>		Date of First Production this formation: <u>01/25/2011</u>	
Perforations	Top: <u>6721</u> Bottom: <u>7032</u>	No. Holes: <u>92</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Niobrara perms 6721-6860. Codell perms 7021-7032. Frac Niobrara and Codell w/ 292,955 gals of Slick Water, silverstim, and 15% HCl with 496,700#s of Ottawa sand.</u> <u>Codell producing through flow plug.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>02/11/2011</u>	Hours: <u>24</u>	Bbls oil: <u>11</u>	Mcf Gas: <u>144</u> Bbls H2O: <u>7</u>
Calculated 24 hour rate:		Bbls oil: <u>11</u>	Mcf Gas: <u>144</u> Bbls H2O: <u>7</u> GOR: <u>13090</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>825</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1269</u>	API Gravity Oil: <u>51</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
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: Andrea Rawson

Title: Regulatory Specialist

Date: 3/29/2011

Email arawson@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400147938	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)