

**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:

400181988

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

5. API Number 05-123-32441-00 6. County: WELD  
7. Well Name: FIVE RIVERS K Well Number: 09-33D  
8. Location: QtrQtr: SWSE Section: 8 Township: 4N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/19/2011</u>		Date of First Production this formation: <u>04/20/2011</u>	
Perforations	Top: <u>7143</u> Bottom: <u>7475</u>	No. Holes: <u>112</u>	Hole size: <u>0</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>Frac'd the Niobrara-Codell w/ 271780 gals of Silverstim and Slick Water with 495,620#'s of Ottawa sand.</p> <p>The Codell is producing through a Composite Flow through Plug.</p> <p>Commingle the Niobrara and Codell.</p>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>04/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>42</u>	Mcf Gas: <u>833</u> Bbls H2O: <u>26</u>
Calculated 24 hour rate:		Bbls oil: <u>42</u>	Mcf Gas: <u>833</u> Bbls H2O: <u>26</u> GOR: <u>19833</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1020</u>	Tubing PSI: <u>0</u>	Choke Size: <u>012/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1256</u>	API Gravity Oil: <u>61</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: Eileen RobertsTitle: 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**

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

Total: 0 comment(s)