

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:
400146613

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: Cheryl Johnson
Phone: (303) 228-4437
Fax: (303) 228-4286

5. API Number 05-125-11948-00
6. County: YUMA
7. Well Name: Gardner Trusts
Well Number: 34-29
8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 46W Meridian: 6
9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 01/18/2011 Date of First Production this formation: 01/31/2011
Perforations Top: 2533 Bottom: 2564 No. Holes: 93 Hole size: 3 + 1/8
Provide a brief summary of the formation treatment: _____ Open Hole:
Pumped 500gals 7.5% HCL acid, 167bbls MAV-100 CO2 gelled water pad, 410 bbls MAV-100 gelled waterw/ 50300# 16/30 Arizona sand and 4990# 12/20 Texas Gold sand, flush w/ 28bbls MAV-100 CO2 gelled water
This formation is commingled with another formation: Yes No

Test Information:
Date: 01/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 365 Tubing PSI: _____ Choke Size: 0.5
Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 API Gravity Oil: 0
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: Cheryl Johnson

Title: Regulatory Analyst II Date: 5/16/2011 Email cheryljohnson@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400146613	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)