

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:
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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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-14690-00
6. County: WELD
7. Well Name: PLUSS Well Number: L11-3
8. Location: QtrQtr: NENW Section: 11 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: COMMINGLED
Treatment Date: 05/10/2011 Date of First Production this formation: 06/09/2011
Perforations Top: 7052 Bottom: 7351 No. Holes: 188 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
Commingled Codell and Niobrara.
This formation is commingled with another formation: Yes No
Test Information:
Date: 06/17/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 194 Bbls H2O: 10
Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 194 Bbls H2O: 10 GOR: 24250
Test Method: Flowing Casing PSI: 478 Tubing PSI: 236 Choke Size: 14
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1227 API Gravity Oil: 60
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7029 Tbg setting date: 06/08/2011 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: Andrea Rawson
Title: Regulatory Specialist Date: _____ Email arawson@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

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

Total: 0 comment(s)