

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

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: Justin Garrett  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-32601-00 6. County: WELD  
 7. Well Name: Gabel USX Well Number: AB21-14  
 8. Location: QtrQtr: SESW Section: 21 Township: 7N Range: 64W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/02/2011 Date of First Production this formation: 03/25/2011

Perforations Top: 6869 Bottom: 7163 No. Holes: 92 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Codell & Niobrara are commingled  
Codell 7152'-7163', 44 holes, .40"  
Frac'd Codell w/116689 gals Silverstim and Acid with 246280 lbs Ottawa sand  
Niobrara 6869'-6999', 48 holes, .72"  
Frac'd Niobrara w/154295 gals Silverstim with 248920 lbs Ottawa sand

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 03/27/2011 Hours: 24 Bbls oil: 30 Mcf Gas: 18 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 30 Mcf Gas: 18 Bbls H2O: 0 GOR: 600

Test Method: Flowing Casing PSI: 1536 Tubing PSI: 1297 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 41 API Gravity Oil: 1196

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7135 Tbg setting date: 03/14/2011 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: Justin Garrett

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: JDGarrett@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)