

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400173654

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 05-125-11951-00
6. County: YUMA
7. Well Name: Blach
Well Number: 22-6B
8. Location: QtrQtr: SENW Section: 6 Township: 1N Range: 46W Meridian: 6
9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 05/05/2011 Date of First Production this formation: 05/16/2011
Perforations Top: 2525 Bottom: 2563 No. Holes: 114 Hole size: 0.41

Provide a brief summary of the formation treatment: Open Hole: []
Pump 500 gals 7.5% HCL acid, 167 bbls MAV-100 Gelled water pad, 607 bbls MAV-100 Gelled water w/50,020# 16/30 Daniels Sand and 50,020# 12/20 Daniels Sand. Flush w/27 bbls MAV-100 Gelled water.

This formation is commingled with another formation: [] Yes [X] No

Test Information:
Date: 05/16/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 118 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 118 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 399 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: 11/17/2011 Email: cheryljohnson@nobleenergyinc.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400173654	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)