

**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 |
|----|----|----|----|

COMPLETED INTERVAL REPORT

Document Number:

400233255

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: <u>100322</u> | 4. Contact Name: <u>Andrea Rawson</u> |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u> | Phone: <u>(303) 228-4253</u> |
| 3. Address: <u>1625 BROADWAY STE 2200</u> | Fax: <u>(303) 228-4286</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | |

| | |
|--|--------------------------|
| 5. API Number <u>05-123-11367-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>THOMSEN USX X</u> | Well Number: <u>7-17</u> |
| 8. Location: QtrQtr: <u>CNE</u> Section: <u>7</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/03/2011 Date of First Production this formation: 06/09/2011
Perforations Top: 7076 Bottom: 7312 No. Holes: 196 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Codell perms 7300-7312. (48 holes).
Re-Frac's Codell w/ 125,287 gals of Vistar 24,25,26, and Slick Water with 244,580#'s of Ottawa sand.
Commingle Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/24/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 744 Tubing PSI: 604 Choke Size: 32

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1286 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7285 Tbg setting date: 06/13/2011 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 06/03/2011 Date of First Production this formation: _____
Perforations Top: 7076 Bottom: 7188 No. Holes: 148 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: Andrea Rawson

Title: Regulatory Specialist Date: 12/16/2011 arawson@nobleenergyinc.com

Email
:

Attachment Check List

| Att Doc Num | Name |
|--------------------|-------------------|
| 400233255 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)