

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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

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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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-34026-00
6. County: WELD
7. Well Name: GREEN USX
Well Number: XX07-07D
8. Location: QtrQtr: SENE Section: 7 Township: 1N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA Status: PRODUCING

Treatment Date: 10/06/2011 Date of First Production this formation: 10/13/2011

Perforations Top: 8185 Bottom: 8260 No. Holes: 88 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd the Dakota w/ 40945 gals of Silverstim and Slick Water with 57,800#'s of Ottawa sand.
The Dakota is producing through a Composite Flow Through Plug.

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

Test Information:

Date: 10/21/2011 Hours: 24 Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85

Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85 GOR: 1666

Test Method: FLOWING Casing PSI: 350 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1233 API Gravity Oil: 60

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:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 10/06/2011 Date of First Production this formation: 10/13/2011

Perforations Top: 7983 Bottom: 8019 No. Holes: 88 Hole size: 0.4

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

Frac'd the J-Sand w/ 147617 gals of Silverstim and Slick Water with 280,800#'s of Ottawa sand.

The J-Sand is producing through a Composite Flow Through Plug.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/21/2011 Hours: 24 Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85

Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85 GOR: 1666

Test Method: FLOWING Casing PSI: 350 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1233 API Gravity Oil: 60

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/06/2011 Date of First Production this formation: 10/13/2011

Perforations Top: 7316 Bottom: 7552 No. Holes: 88 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 275462 gals of Silverstim and Slick Water with 499,900#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/06/2011 Hours: 24 Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85

Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 100 Bbls H2O: 85 GOR: 1666

Test Method: FLOWING Casing PSI: 350 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1233 API Gravity Oil: 60

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: Eileen Roberts
Title: Regulatory Specialist Date: 1/30/2012 Email : eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400246165	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)