

**FORM
5A**
Rev
06/12

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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: <u>100322</u>	4. Contact Name: <u>Kathleen Mills</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2226</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>05-123-30695-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>THUNDERHEAD USX AB</u>	Well Number: <u>25-99HZ</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>25</u> Township: <u>7N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/25/2010 End Date: 02/01/2010 Date of First Production this formation: 02/05/2010
Perforations Top: 7187 Bottom: 11502 No. Holes: 0 Hole size: _____

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

1/25/2010 FRAC'D 9463-11502 W/1647481 GAL SILVERSTIM AND SLICK WATER, 2310091# OTTAWA SAND AND 160375# SB EXCEL.
2/1/2010 FRAC'D 7187-9183 W/1652362 GAL SILVERSTIM AND SLICK WATER, 2312875# OTTAWA SAND AND 150099# SB EXCEL.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 78568 Max pressure during treatment (psi): 7313

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.71

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): 5348 Flowback volume recovered (bbl): 3637

Fresh water used in treatment (bbl): 73220 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4933439 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/17/2010 Hours: 24 Bbl oil: 268 Mcf Gas: 201 Bbl H2O: 167

Calculated 24 hour rate: Bbl oil: 268 Mcf Gas: 201 Bbl H2O: 167 GOR: 750

Test Method: FLOWING Casing PSI: 1070 Tubing PSI: 375 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1379 API Gravity Oil: 44

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5970 Tbg setting date: 02/08/2010 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)