

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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Document Number:

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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: Jennifer Barnett  
Phone: (303) 228-4342  
Fax: (303) 228-4286

5. API Number 05-125-11911-00  
6. County: YUMA  
7. Well Name: Gardner Trusts  
Well Number: 11-20  
8. Location: QtrQtr: NWNW Section: 20 Township: 2N Range: 46W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/19/2010</u>	Date of First Production this formation: <u>09/07/2010</u>
Perforations Top: <u>2564</u> Bottom: <u>2602</u>	No. Holes: <u>114</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac: 500 gals 7.5% HCL acid breakdown, 10,000 gals 30% CO2 foam gel pads, 32,763 gals 30% foam gel, carrying 49,460 lbs 16/30 Daniels & 50,020 lbs 12/20 Daniels sand. Avg. Psi: 735 psi, Avg. FI. Rate: 14.6 bpm	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>09/07/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>131</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>131</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>Flowing</u> Casing PSI: <u>466</u> Tubing PSI: _____ Choke Size: <u>0.5</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>990</u> API Gravity Oil: _____	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Jennifer Barnett

Title: Regulatory Analyst

Date: \_\_\_\_\_

Email jbarnett@nobleenergyinc.com

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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: \_\_\_\_\_