

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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COMPLETED INTERVAL REPORT

Document Number:

400082795

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 4. Contact Name: Jennifer Barnett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-125-11865-00 6. County: YUMA
 7. Well Name: Bryant Well Number: 43-14
 8. Location: QtrQtr: NESE Section: 14 Township: 2S Range: 45W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
 Treatment Date: 06/28/2010 Date of First Production this formation: 07/08/2010
 Perforations Top: 2135 Bottom: 2161 No. Holes: 78 Hole size: 0.45
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Frac: 500 gals of 7.5% HCL acid breakdown, 10,000 gals of 30% CO2 foam gel pads, 30,405 gals of 30% CO2 foam gel, carrying 49,020 lbs of 16/30 Daniels and 42,125 lbs of 12/20 Daniels sand. Avg. Psi: 1,055 psi, Avg. Fl. Rate: 17.0 bpm.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 07/08/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 0 GOR: _____
 Test Method: Flowing Casing PSI: 430 Tubing PSI: _____ Choke Size: 0.5
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 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: Jennifer Barnett
Title: Regulatory Analyst Date: 8/6/2010 Email jbarnett@nobleenergyinc.com

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: David S. Neslin Director of COGCC Date: 11/1/2010

Attachment Check List

Att Doc Num	Name	Doc Description
400082795	FORM 5A SUBMITTED	LF@2519283 400082795

Total Attach: 1 Files