

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:

400082795

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 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: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/28/2010</u>	Date of First Production this formation: <u>07/08/2010</u>
Perforations Top: <u>2135</u> Bottom: <u>2161</u>	No. Holes: <u>78</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/08/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>102</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>102</u> Bbls H2O: <u>0</u> GOR: _____
Test Method: <u>Flowing</u> Casing PSI: <u>430</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: 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