

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400118563

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: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-31495-00 6. County: WELD
 7. Well Name: McKay AB Well Number: 02-14
 8. Location: QtrQtr: SESW Section: 2 Township: 7N Range: 64W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: LYONS Status: PRODUCING
 Treatment Date: 06/22/2010 Date of First Production this formation: 06/28/2010
 Perforations Top: 8827 Bottom: 8840 No. Holes: 52 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:

 Lyons not frac'd or treated.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 07/08/2010 Hours: 24 Bbls oil: 639 Mcf Gas: 0 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 639 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 0 Tubing PSI: 0 Choke Size: 064/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 API Gravity Oil: 40
 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: _____ Email eroberts@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)