

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

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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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-24458-00
6. County: WELD
7. Well Name: RADY
Well Number: 12-24
8. Location: QtrQtr: SENW Section: 12 Township: 6N Range: 64W Meridian: 6

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 06/30/2010 Date of First Production this formation: 06/30/2010

Perforations Top: 6590 Bottom: 6891 No. Holes: 136 Hole size: _____

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

Commingle Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/09/2010 Hours: 24 Bbls oil: 27 Mcf Gas: 119 Bbls H2O: 11

Calculated 24 hour rate: _____ Bbls oil: 27 Mcf Gas: 119 Bbls H2O: 11 GOR: 4407

Test Method: Flowing Casing PSI: 1000 Tubing PSI: 800 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6861 Tbg setting date: 06/24/2010 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: _____

Comment: _____

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

Signed: _____ Print Name: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email arawson@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: _____