

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:

400101669

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: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-28037-00 6. County: WELD
 7. Well Name: SCHAAL Well Number: 20-44
 8. Location: QtrQtr: SESE Section: 20 Township: 4N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
 Treatment Date: 05/11/2010 Date of First Production this formation: 05/11/2010
 Perforations Top: 5786 Bottom: 6122 No. Holes: 296 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 well drilled 1/8/2009, but not turned on until 5/11/10
 Codell & Niobrara commingled
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/16/2010 Hours: 24 Bbls oil: 65 Mcf Gas: 22 Bbls H2O: 20
 Calculated 24 hour rate: Bbls oil: 65 Mcf Gas: 22 Bbls H2O: 20 GOR: 338
 Test Method: Flowing Casing PSI: 1200 Tubing PSI: 800 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 API Gravity Oil: 40
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6065 Tbg setting date: 12/20/2009 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: Justin Garrett
 Title: Regulatory Specialist Date: 10/19/2010 Email JDGarrett@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: 12/30/2010

Attachment Check List

Att Doc Num	Name
400101669	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)