

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 |
|----|----|----|----|

Document Number:

400124539

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: 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 05-123-12810-00 6. County: WELD
7. Well Name: BIGFOOT Well Number: 2
8. Location: QtrQtr: SWSE Section: 12 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | |
|---|---|
| FORMATION: <u>NIOBRARA-CODELL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>04/16/2008</u> | Date of First Production this formation: <u>04/22/2008</u> |
| Perforations Top: <u>6766</u> Bottom: <u>7077</u> | No. Holes: <u>188</u> Hole size: <u>0.41</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>Frac'd Niobrara-Codell w/ 181940 gals of Siverstim and Slick Water with 249,700#'s of Ottawa sand.</u> | |
| <u>Commingle the Niobrara and Codell.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>05/07/2008</u> Hours: <u>24</u> Bbls oil: <u>16</u> Mcf Gas: <u>151</u> Bbls H2O: <u>6</u> | |
| Calculated 24 hour rate: | Bbls oil: <u>16</u> Mcf Gas: <u>151</u> Bbls H2O: <u>6</u> GOR: <u>9437</u> |
| Test Method: <u>FLOWING</u> Casing PSI: <u>500</u> Tubing PSI: <u>180</u> Choke Size: <u>016/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1270</u> API Gravity Oil: <u>61</u> | |
| 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: 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

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)