

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:

400120492

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 05-123-31251-00 6. County: WELD
 7. Well Name: Walcker USX AB Well Number: 01-06P
 8. Location: QtrQtr: SENW Section: 1 Township: 7N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORBARA-CODELL Status: PRODUCING
 Treatment Date: 11/04/2010 Date of First Production this formation: 11/25/2010
 Perforations Top: 6758 Bottom: 7077 No. Holes: 92 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Niobrara and Codell are commingled
 Codell 7066'-7077', 44 holes, .41"
 Frac'd Codell w/134358 gals Silverstim, Acid, and Slick Water with 270000 lbs Ottawa sand
 Niobrara 6758'-6897', 48 holes, .72"
 Frac'd Niobrara w/175140 gals Silverstim and Slick Water with 250400 lbs Ottawa sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/03/2010 Hours: 24 Bbls oil: 35 Mcf Gas: 48 Bbls H2O: 32
 Calculated 24 hour rate: _____ Bbls oil: 35 Mcf Gas: 48 Bbls H2O: 32 GOR: 1371
 Test Method: Flowing Casing PSI: 0 Tubing PSI: 0 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____
 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: Justin Garrett

Title: Regulatory Specialist Date: _____ 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: _____ 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)