

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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Document Number:

2071669

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 05-123-22251-00
6. County: WELD
7. Well Name: DIGGIN STATE D Well Number: 16-13
8. Location: QtrQtr: SWSW Section: 16 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/11/2009</u>	Date of First Production this formation: <u>08/27/2009</u>
Perforations Top: <u>6700</u> Bottom: <u>6982</u>	No. Holes: <u>104</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC'D CODELL W/130,914 GALS OF SLICKWATER AND VISTAR WITH 268,000#'S OF OTTAWA SAND. FRAC'D NIOBRARA W/171,570 GALS OF SLICKWATER AND VISTAR WITH 248,420#'S OF OTTAWA SAND.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u></u> Hours: <u></u>	Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u>
Calculated 24 hour rate:	Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>
Test Method: <u></u>	Casing PSI: <u></u> Tubing PSI: <u></u> Choke Size: <u></u>
Gas Disposition: <u></u>	Gas Type: <u></u> BTU Gas: <u></u> API Gravity Oil: <u></u>
Tubing Size: <u></u> Tubing Setting Depth: <u></u>	Tbg setting date: <u></u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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 Date: 8/17/2010 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: _____

David S. Neslin

Director of COGCC

Date: 1/21/2011

Attachment Check List

Att Doc Num	Name
2071669	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)