

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:
400124539

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

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

Title: Regulatory Specialist Date: 1/17/2011 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: David S. Neslin Director of COGCC Date: 1/21/2011

Attachment Check List

Att Doc Num	Name
400124539	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)