

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number:

400143648

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-32161-00
6. County: WELD
7. Well Name: Hoff PC
Well Number: D06-28D
8. Location: QtrQtr: NWNW Section: 6 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 12/06/2010 Date of First Production this formation: 12/11/2010
Perforations Top: 6980 Bottom: 7256 No. Holes: 128 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell and Niobrara are commingled; Codell and Niobrara are each producing through composite flow through plugs.
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/15/2010 Hours: 24 Bbls oil: 72 Mcf Gas: 611 Bbls H2O: 116
Calculated 24 hour rate: Bbls oil: 72 Mcf Gas: 611 Bbls H2O: 116 GOR: 8486
Test Method: Flowing Casing PSI: 1325 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 58
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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)