

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

COMPLETED INTERVAL REPORT

Document Number:

400150629

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: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-29484-00 6. County: WELD
 7. Well Name: NCLP PC Well Number: AA04-12
 8. Location: QtrQtr: NWSW Section: 4 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
 Treatment Date: 01/24/2011 Date of First Production this formation: 02/15/2011
 Perforations Top: 6536 Bottom: 6824 No. Holes: 84 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Niobrara perms 6536-6658 (48 holes). Codell perms 6815-6824 (36 holes) Frac'd Niobrara and Codell w/ 301,560 gals of Slick Water, Vistar and 15% HCl with 518,277#'s of Ottawa sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 02/25/2011 Hours: 24 Bbls oil: 31 Mcf Gas: 30 Bbls H2O: 20
 Calculated 24 hour rate: Bbls oil: 31 Mcf Gas: 30 Bbls H2O: 20 GOR: 967
 Test Method: Flowing Casing PSI: 810 Tubing PSI: 0 Choke Size: 18
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1210 API Gravity Oil: 57
 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: Andrea Rawson
 Title: Regulatory Specialist Date: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)