

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:

400154509

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 05-123-29482-00 6. County: WELD
 7. Well Name: NCLP PC Well Number: AA04-05
 8. Location: QtrQtr: SWNW Section: 4 Township: 6N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 01/10/2011 Date of First Production this formation: 02/14/2011

Perforations Top: 6528 Bottom: 6820 No. Holes: 88 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Niobrara perms 6528-6651 (48 holes). Codell perms 6810-6820 (40 holes). Frac'd Niobrara and Codell w/ 314,816 gals of Slick Water, Vistar 20 and 22, and 15% HCl with 520,640#'s of Ottawa sand. Commingle Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/25/2011 Hours: 24 Bbls oil: 34 Mcf Gas: 54 Bbls H2O: 8

Calculated 24 hour rate: _____ Bbls oil: 34 Mcf Gas: 54 Bbls H2O: 8 GOR: 1588

Test Method: Flowing Casing PSI: 1121 Tubing PSI: 817 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1256 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6795 Tbg setting date: 01/20/2011 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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)