

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400154727

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 05-123-32108-00
6. County: WELD
7. Well Name: PEPPLER PC AA Well Number: 17-25
8. Location: QtrQtr: SESW Section: 17 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 02/22/2011 Date of First Production this formation: 02/24/2011
Perforations Top: 6470 Bottom: 6774 No. Holes: 96 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Niobrara perms 6470-6482 (48 holes). Codell perms 6762-6774 (48 holes).Frac'd Niobrara and Codell w/ 273,497 gals of Slick Water, silverstim, and 15% HCl with 494,920#'s of Ottawa sand.
Codell producing through flow plug.
Commingled codell and Niobrara.
This formation is commingled with another formation: Yes No
Test Information:
Date: 03/04/2011 Hours: 24 Bbls oil: 62 Mcf Gas: 137 Bbls H2O: 35
Calculated 24 hour rate: Bbls oil: 62 Mcf Gas: 137 Bbls H2O: 35 GOR: 2209
Test Method: Flowing Casing PSI: 220 Tubing PSI: 0 Choke Size: 18
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1375 API Gravity Oil: 49
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

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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)