

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:

400156232

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 05-123-31734-00
6. County: WELD
7. Well Name: SEKICH P Well Number: 19-21D
8. Location: QtrQtr: NWSE Section: 19 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 02/07/2011 Date of First Production this formation: 02/24/2011
Perforations Top: 6992 Bottom: 7269 No. Holes: 128 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell & Niobrara are commingled; the Codell is producing through a composite flow through plug
Codell 7249'-7269', 80 holes, .41"
Frac'd Codell w/118331 gals Silverstim, Acid, and Slick Water with 245660 lbs Ottawa sand
Niobrara 6992'-7064', 48 holes, .69"
Frac'd Niobrara w/157417 gals Silverstim and Slick Water with 248040 lbs Ottawa sand
This formation is commingled with another formation: Yes No
Test Information:
Date: 03/02/2011 Hours: 24 Bbls oil: 93 Mcf Gas: 137 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: 93 Mcf Gas: 137 Bbls H2O: 4 GOR: 1473
Test Method: Flowing Casing PSI: 300 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 47
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  
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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**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)