

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:

400159968

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-26948-00 6. County: WELD
7. Well Name: HAYTHORN Well Number: 4-21
8. Location: QtrQtr: NENW Section: 4 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/08/2011 Date of First Production this formation: 03/12/2011

Perforations Top: 7013 Bottom: 7330 No. Holes: 108 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd Niobrara-Codell w/ 272570 gals of Silvestim and Slick Water with 492,500#'s of Ottawa sand.
Comingle the Niobrara and Codell.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 03/18/2011 Hours: 24 Bbls oil: 80 Mcf Gas: 100 Bbls H2O: 20

Calculated 24 hour rate: Bbls oil: 80 Mcf Gas: 100 Bbls H2O: 20 GOR: 1250

Test Method: FLOWING Casing PSI: 1314 Tubing PSI: 495 Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1324 API Gravity Oil: 50

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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email eroberts@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

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

Total: 0 comment(s)