

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

Document Number:

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COMPLETED INTERVAL REPORT

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 05-123-31922-00  
6. County: WELD  
7. Well Name: DINNEL Well Number: C27-28D  
8. Location: QtrQtr: SESW Section: 22 Township: 4N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL		Status: PRODUCING	
Treatment Date: 12/29/2011		Date of First Production this formation: 01/19/2011	
Perforations Top: 6649	Bottom: 6927	No. Holes: 120	Hole size:
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>Codell &amp; Niobrara are commingled; the Codell &amp; the Niobrara are each producing through a composite flow through plug Codell 6915'-6927', 48 holes, .41" Frac'd Codell w/101477 gals Silverstim, Acid, and Slick Water with 199000 lbs Ottawa sand Niobrara 6649'-6805', 72 holes, .69" Frac'd Niobrara w/273005 gals Silverstim, Acid, and Slick Water with 392720 lbs Ottawa sand</p>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: 01/19/2011	Hours: 24	Bbls oil: 82	Mcf Gas: 350 Bbls H2O: 21
Calculated 24 hour rate:	Bbls oil: 82	Mcf Gas: 350	Bbls H2O: 21 GOR: 4268
Test Method: Flowing	Casing PSI: 550	Tubing PSI: 0	Choke Size: 14/64
Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1277	API Gravity Oil: 52
Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
Reason for Non-Production:			
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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)