

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

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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 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 05-123-30734-00 6. County: WELD
7. Well Name: LIND Well Number: 23-15
8. Location: QtrQtr: NENE Section: 23 Township: 7N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/18/2011 Date of First Production this formation: 03/07/2011
Perforations Top: 7046 Bottom: 7367 No. Holes: 112 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
Niobrara perms 7046-7178 (48 holes). Codell perms 7351-7367 (64 holes) Frac'd Niobrara and codell w/ 292,386 gals of Slick Water, Silverstim, and 15% HCl with 493,000#s of Ottawa sand. Commingled Codell and Niobrara.
This formation is commingled with another formation: Yes No
Test Information:
Date: 03/11/2011 Hours: 24 Bbls oil: 91 Mcf Gas: 33 Bbls H2O: 10
Calculated 24 hour rate: Bbls oil: 91 Mcf Gas: 33 Bbls H2O: 10 GOR: 362
Test Method: Flowing Casing PSI: 1304 Tubing PSI: 306 Choke Size: 12
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1404 API Gravity Oil: 61
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7340 Tbg setting date: 01/31/2011 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: 4/18/2011 Email arawson@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
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Total Attach: Files

General Comments

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

Total: 0 comment(s)