

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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Document Number:
400140435

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-12617-00
6. County: WELD
7. Well Name: SMITH
Well Number: 3
8. Location: QtrQtr: SENW Section: 9 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 11/24/2010 Date of First Production this formation: 01/04/2011
Perforations Top: 6604 Bottom: 6900 No. Holes: 310 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:
Codell perms 6881-6900. Tri-Frac'd Codell w/ 135,030 gals of Slick Water and 245,700#'s of Ottawa sand. Commingle Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/04/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 36 Bbls H2O: 1
Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 36 Bbls H2O: 1 GOR: 9000
Test Method: Flowing Casing PSI: 550 Tubing PSI: 500 Choke Size: 32
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1306 API Gravity Oil: 57
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6860 Tbg setting date: 12/01/2010 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: _____

FORMATION: NIOBRARARA Status: COMMINGLED

Treatment Date: 11/24/2010 Date of First Production this formation: _____

Perforations Top: 6604 Bottom: 6714 No. Holes: 228 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: 3/8/2011 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400140435	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)