

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  400158290				
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: <u>100322</u>	4. Contact Name: <u>Justin Garrett</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4449</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-14944-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SCHMIDT</u>	Well Number: <u>25-9F</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>25</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/17/2011</u>	Date of First Production this formation: <u>04/03/1991</u>
Perforations Top: <u>7243</u> Bottom: <u>7259</u>	No. Holes: <u>100</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell under sand plug for Niobrara refrac. Remove plug 3/3/2011 to commingle with NB</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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:	
<u>Sand plug set 7086'-7306' 3/5/11</u>	
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: _____

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/17/2011 Date of First Production this formation: 04/03/1991

Perforations Top: 6940 Bottom: 7253 No. Holes: 134 Hole size: 70/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Niobrara refrac; Codell under sand plug  
Frac'd Niobrara w/157794 gals Silverstim and Acid with 239520 lbs Ottawa sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/25/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 334 Bbls H2O: 10

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 2 Mcf Gas: 334 Bbls H2O: 10 GOR: 16700

Test Method: Flowing Casing PSI: 320 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1256 API Gravity Oil: 66

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7225 Tbg setting date: 03/30/2011 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: Justin Garrett

Title: Regulatory Specialist Date: 4/28/2011 Email JDGarrett@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400158290	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)