

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:

400170732

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: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

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

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/01/2011 Date of First Production this formation: 04/03/1991

Perforations Top: 6740 Bottom: 7259 No. Holes: 194 Hole size: _____

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

Codell & Niobrara are commingled
Sand plug removed from Codell 3/31/11 to commingle w/ Niobrara
Codell 7243'-7259', 100 holes
Niobrara 6940'-7123', 94 holes

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/01/2011 Hours: 24 Bbls oil: 17 Mcf Gas: 289 Bbls H2O: 1

Calculated 24 hour rate: _____ Bbls oil: 17 Mcf Gas: 289 Bbls H2O: 1 GOR: 17000

Test Method: Flowing Casing PSI: 750 Tubing PSI: 510 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 API Gravity Oil: 0

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: 6/2/2011 Email JDGarrett@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400170732	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)