

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:
400164682

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 05-123-10665-00
6. County: WELD
7. Well Name: MEIKLE
Well Number: 28-1
8. Location: QtrQtr: SWSE Section: 28 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 12/23/2010 Date of First Production this formation: 09/07/2004
Perforations Top: 7652 Bottom: 8099 No. Holes: 271 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell refrac; nothing new happened in Niobrara
Codell 8083'-8099', 79 holes, .41"
Frac'd Codell w/126420 gals Vistar with 241360 lbs Ottawa sand
Niobrara 7652'-7952', 192 holes, .42"
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/25/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 4 Bbls H2O: 1
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 4 Bbls H2O: 1 GOR: 4000
Test Method: Flowing Casing PSI: 667 Tubing PSI: 581 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1364 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8059 Tbg setting date: 01/04/2011 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: 5/16/2011 Email JDGarrett@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400164682	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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