

**FORM
5A**Rev
02/08State 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: 1003224. Contact Name: Justin Garrett2. Name of Operator: NOBLE ENERGY INCPhone: (303) 228-44493. Address: 1625 BROADWAY STE 2200Fax: (303) 228-4286City: DENVER State: CO Zip: 802025. API Number 05-123-10665-006. County: WELD7. Well Name: MEIKLEWell Number: 28-18. Location: QtrQtr: SWSE Section: 28 Township: 1N Range: 68W Meridian: 69. Field Name: WATTENBERG Field Code: 90750Completed IntervalFORMATION: NIORARA-CODELLStatus: PRODUCINGTreatment Date: 12/23/2010Date of First Production this formation: 09/07/2004Perforations 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: 1Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 4 Bbls H2O: 1 GOR: 4000Test Method: Flowing Casing PSI: 667 Tubing PSI: 581 Choke Size: 32/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1364 API Gravity Oil: 0Tubing 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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