

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		<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				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400147724</div>				
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>Andrea Rawson</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</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>05-123-31914-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DECHANT X</u>	Well Number: <u>01-02</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>1</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/27/2011</u>	Date of First Production this formation: <u>01/31/2011</u>
Perforations Top: <u>7565</u> Bottom: <u>7581</u>	No. Holes: <u>64</u> Hole size: <u>41</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div style="border: 1px solid black; padding: 2px;"> Frac'd J-Sand w/ 145,723 gals of Silverstim and 15% HCl with 280,280#'s of Ottawa Sand. </div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/11/2011</u> Hours: <u>24</u>	Bbls oil: <u>37</u> Mcf Gas: <u>385</u> Bbls H2O: <u>52</u>
Calculated 24 hour rate:	Bbls oil: <u>37</u> Mcf Gas: <u>385</u> Bbls H2O: <u>52</u> GOR: <u>10405</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>425</u> Tubing PSI: <u>0</u> Choke Size: <u>18</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1201</u> API Gravity Oil: <u>49</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production:	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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: PRODUCING

Treatment Date: 01/27/2011 Date of First Production this formation: 01/31/2011

Perforations Top: 6880 Bottom: 6990 No. Holes: 48 Hole size: 73

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

Frac'd niobrara w/ 159,046 gals of Silverstim with 239,640#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/11/2011 Hours: 24 Bbls oil: 37 Mcf Gas: 385 Bbls H2O: 52

Calculated 24 hour rate: _____ Bbls oil: 37 Mcf Gas: 385 Bbls H2O: 52 GOR: 10405

Test Method: FLOWING Casing PSI: 425 Tubing PSI: 0 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1201 API Gravity Oil: 49

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: 3/29/2011 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400147724	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)