

**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:

400154509

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-29482-00 6. County: WELD
7. Well Name: NCLP PC Well Number: AA04-05
8. Location: QtrQtr: SWNW Section: 4 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 01/10/2011 Date of First Production this formation: 02/14/2011Perforations Top: 6528 Bottom: 6820 No. Holes: 88 Hole size: Provide a brief summary of the formation treatment: Open Hole: ☐

Niobrara perms 6528-6651 (48 holes). Codell perms 6810-6820 (40 holes). Frac'd Niobrara and Codell w/ 314,816 gals of Slick Water, Vistar 20 and 22, and 15% HCl with 520,640#s of Ottawa sand.
Commingled Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 02/25/2011 Hours: 24 Bbls oil: 34 Mcf Gas: 54 Bbls H2O: 8Calculated 24 hour rate: Bbls oil: 34 Mcf Gas: 54 Bbls H2O: 8 GOR: 1588Test Method: Flowing Casing PSI: 1121 Tubing PSI: 817 Choke Size: 24Gas Disposition: SOLD Gas Type: WET BTU Gas: 1256 API Gravity Oil: 56Tubing Size: 2 + 3/8 Tubing Setting Depth: 6795 Tbg setting date: 01/20/2011 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: Andrea Rawson

Title: Regulatory Specialist

Date: 4/18/2011

Email arawson@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400154509	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)