

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:
400165891

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-32718-00
6. County: WELD
7. Well Name: ROHR A Well Number: 28-25
8. Location: QtrQtr: NESW Section: 28 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/15/2011 Date of First Production this formation: 04/04/2011
Perforations Top: 6621 Bottom: 6928 No. Holes: 96 Hole size: 0

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

Frac'd Niobrara-Codell w/ 268571 gals of Silverstim and Slick Water with 495,280#'s of Ottawa sand.
Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/08/2011 Hours: 8 Bbls oil: 95 Mcf Gas: 246 Bbls H2O: 35
Calculated 24 hour rate: _____ Bbls oil: 95 Mcf Gas: 246 Bbls H2O: 35 GOR: 2589
Test Method: FLOWING Casing PSI: 2300 Tubing PSI: 1950 Choke Size: 014/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1245 API Gravity Oil: 55
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: Eileen Roberts

Title: Regulatory Specialist Date: 5/17/2011 Email eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400165891	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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