

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  400168824
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>Justin Garrett</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4449</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>05-123-32630-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ANNIE B</u>	Well Number: <u>03-23</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>3</u> Township: <u>5N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>KERSEY</u> Field Code: <u>44600</u>	

<u>Completed Interval</u>	
FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/28/2011</u>	Date of First Production this formation: <u>04/26/2011</u>
Perforations Top: <u>6473</u> Bottom: <u>6777</u>	No. Holes: <u>104</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Codell & Niobrara are commingled Codell 6763'-6777', 56 holes, .42" Frac'd Codell w/111663 gals Vistar, Acid, and Slick Water with 246200 lbs Ottawa sand Niobrara 6473'-6597', 48 holes, .72" Frac'd Niobrara w/163577 gals Vistar and Slick Water with 251000 lbs Ottawa sand	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/29/2011</u> Hours: <u>24</u> Bbls oil: <u>94</u> Mcf Gas: <u>400</u> Bbls H2O: <u>43</u>	
Calculated 24 hour rate:	Bbls oil: <u>94</u> Mcf Gas: <u>400</u> Bbls H2O: <u>43</u> GOR: <u>4301</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1000</u> Tubing PSI: <u>600</u> Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1285</u> API Gravity Oil: <u>43</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6750</u> Tbg setting date: <u>03/31/2011</u>	Packer Depth: _____
Reason for Non-Production: _____	
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: _____

Comment: _____
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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: 6/14/2011 Email: JDGarrett@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400168824	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)