

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400189198

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 05-123-33378-00 6. County: WELD 7. Well Name: Peterson PC LG Well Number: 19-06 8. Location: QtrQtr: SENW Section: 19 Township: 8N Range: 59W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/19/2011 Date of First Production this formation: 05/27/2011

Perforations Top: 6112 Bottom: 6286 No. Holes: 56 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: [ ]

Frac'd Niobrara-Codell w/ 257003 gals of Silverstim and Slick Water with 450,430#'s of Ottawa sand. Comingle the Niobrara and Codell.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 05/29/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 112

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 112 GOR: 0

Test Method: FLOWING Casing PSI: 32 Tubing PSI: 312 Choke Size: 064/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 API Gravity Oil: 0

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

**Attachment Check List**

Att Doc Num	Name
400189198	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

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