

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 with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400195570

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 05-123-33133-00
6. County: WELD
7. Well Name: MARIE D
Well Number: 04-20
8. Location: QtrQtr: SENW Section: 4 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/07/2011 Date of First Production this formation: 06/09/2011

Perforations Top: 6693 Bottom: 6916 No. Holes: 100 Hole size: 0

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

Frac'd Niobrara-Codell w/ 270136 gals of Silverstim and Slick Water with 492,100#'s of Ottawa sand.
The Codell is producing through a Composite Flow Through Plug.
Commingle the Niobrara and Codell.

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

Test Information:

Date: 06/17/2011 Hours: 24 Bbls oil: 88 Mcf Gas: 304 Bbls H2O: 36

Calculated 24 hour rate: Bbls oil: 88 Mcf Gas: 304 Bbls H2O: 36 GOR: 3454

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 0 Choke Size: 010/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1221 API Gravity Oil: 51

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: 8/15/2011

Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400195570	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)