

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: 400201986

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: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-09948-00 6. County: WELD
 7. Well Name: HALLER Well Number: 34-21
 8. Location: QtrQtr: SWSE Section: 21 Township: 2N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/28/2011 Date of First Production this formation: 05/09/2011
 Perforations Top: 7002 Bottom: 7238 No. Holes: 112 Hole size: 70/100

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

Codell & Niobrara are commingled
Niobrara recomplete
Niobrara 7002'-7092', 64 holes, .70"
Frac'd Niobrara w/154518 gals Vistar, Acid, and Slick Water with 252072 lbs Ottawa sand
Codell 7226'-7238', 48 holes

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/20/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 58 Bbls H2O: 8
 Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 58 Bbls H2O: 8 GOR: 8286
 Test Method: Flowing Casing PSI: 422 Tubing PSI: 363 Choke Size: 32/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1222 API Gravity Oil: 46
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7211 Tbg setting date: 05/09/2011 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: Justin Garrett
 Title: Regulatory Specialist Date: _____ Email: JDGarrett@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)