

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number:

400202115

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-23081-00
6. County: WELD
7. Well Name: ONYX
Well Number: 13-29
8. Location: QtrQtr: NWSW Section: 29 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/09/2011 Date of First Production this formation: 07/25/2011

Perforations Top: 6866 Bottom: 7194 No. Holes: 124 Hole size:

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

Niobrara recomplete
Niobrara and Codell are commingled
Niobrara 6866'-7002', 64 holes, .73"
Frac'd Niobrara w/151822 gals Vistar and 15% HCl with 249160 lbs Ottawa sand
Codell 7179'-7194', 60 holes, .42"
Nothing new happened in Codell for Niobrara recomplete

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

Test Information:

Date: 07/29/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 16 Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 16 Bbls H2O: 15 GOR: 27

Test Method: Flowing Casing PSI: 1136 Tubing PSI: 402 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 38

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7164 Tbg setting date: 06/15/2011 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

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 400202115 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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