

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

COMPLETED INTERVAL REPORT

Document Number:

400203893

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 05-123-31663-00
6. County: WELD
7. Well Name: MOSIER Well Number: K23-20D
8. Location: QtrQtr: NESW Section: 23 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORBARA-CODELL Status: PRODUCING

Treatment Date: 06/17/2011 Date of First Production this formation: 07/18/2011

Perforations Top: 7031 Bottom: 7359 No. Holes: 88 Hole size: _____

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

Codell & Niobrara are commingled
The Codell is producing through a composite flow through plug
Codell 7349'-7359', 40 holes, .40"
Frac'd Codell w/115551 gals Silverstim 15% HCl, and Slick Water with 240980 lbs Ottawa sand
Niobrara 7031'-7148', 48 holes, .73"
Frac'd Niobrara w/156366 gals Silverstim, 15% HCl, and Slick Water with 254052 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/22/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 653 Bbls H2O: 12

Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 653 Bbls H2O: 12 GOR: 16325

Test Method: Flowing Casing PSI: 1600 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1238 API Gravity Oil: 59

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: Justin Garrett

Title: Regulatory Specialist Date: _____ JDGarrett@nobleenergyinc.com

Email
:

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)