

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



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Document Number:

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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: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-31125-00 6. County: WELD
 7. Well Name: SHERWOOD L Well Number: 30-32D
 8. Location: QtrQtr: NWNW Section: 30 Township: 3N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/29/2010 Date of First Production this formation: 08/26/2011

Perforations Top: 7542 Bottom: 7774 No. Holes: 120 Hole size: 0

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

Frac'd Niobrara-Codell w/ 275965 gals of Silverstim and Slick Water with 494,500#'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 No

Test Information:
 Date: 08/26/2011 Hours: 24 Bbls oil: 91 Mcf Gas: 213 Bbls H2O: 30
 Calculated 24 hour rate: _____ Bbls oil: 91 Mcf Gas: 213 Bbls H2O: 30 GOR: 427
 Test Method: FLOWING Casing PSI: 820 Tubing PSI: 0 Choke Size: 010/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1171 API Gravity Oil: 49
 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: _____ Email: eroberts@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> |
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Total: 0 comment(s)