

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

Document Number: 400227699

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: Eileen Roberts Phone: (303) 2284330 Fax: (303) 2284286

5. API Number 05-123-33527-00 6. County: WELD 7. Well Name: Howard USX Well Number: A09-09D 8. Location: QtrQtr: SESE Section: 9 Township: 6N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Date: 08/26/2011 Date of First Production this formation: 08/30/2011 Perforations Top: 6987 Bottom: 7147 No. Holes: 96 Hole size: 0 Provide a brief summary of the formation treatment: Open Hole: [] Frac'd the Niobrara-Codell w/ 296869 gals of Silverstim and Slick Water with 495,000#'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: 09/09/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 175 Bbls H2O: 17 Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 175 Bbls H2O: 17 GOR: 11666 Test Method: FLOWING Casing PSI: 550 Tubing PSI: 0 Choke Size: 016/64 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1265 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: 11/30/2011

Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400227699	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)