

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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
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 05-123-31530-00
6. County: WELD
7. Well Name: STROHAUER F
Well Number: 32-24
8. Location: QtrQtr: SWSE Section: 32 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/20/2011 Date of First Production this formation: 01/22/2011

Perforations Top: 6792 Bottom: 7115 No. Holes: 112 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 7099'-7115', 64 holes, .41"
Frac'd Codell w/116088 gals Silverstim, Acid, and Slick Water with 244815 lbs Ottawa sand
Niobrara 6792'-6931', 48 holes, .73"
Frac'd Niobrara w/173880 gals Silverstim and Slick Water with 249811 lbs Ottawa sand

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

Test Information:

Date: 01/25/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 555 Bbls H2O: 16

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 55 Bbls H2O: 16 GOR: 13875

Test Method: Flowing Casing PSI: 260 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1299 API Gravity Oil: 61

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

Attachment Check List

Att Doc Num	Name
400168790	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)