

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

Document Number:
400237219

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-33859-00
6. County: WELD
7. Well Name: RHINO D Well Number: 27-21
8. Location: QtrQtr: NESW Section: 27 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/26/2011 Date of First Production this formation: 10/07/2011

Perforations Top: 6887 Bottom: 7039 No. Holes: 80 Hole size:

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

Niobrara perms 6887-6903 (24 holes), Codell perms 7025-7039 (56 holes).
Frac'd Niobrara / Codell w/ 270,522 gals of Slick Water and Silverstim with 493,242#'s of Ottawa sand.
Commingled Codell and Niobrara.
Codell producing through composite flow plug.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/14/2011 Hours: 24 Bbls oil: 45 Mcf Gas: 51 Bbls H2O: 26

Calculated 24 hour rate: Bbls oil: 45 Mcf Gas: 51 Bbls H2O: 26 GOR: 1133

Test Method: Flowing Casing PSI: 938 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 52

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: Andrea Rawson

Title: Regulatory Specialist Date: 1/4/2012 Email: arawson@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
400237219	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)