

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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| DE | ET | OE | ES |
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Document Number:

400231189

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 05-123-32817-00
6. County: WELD
7. Well Name: COX PC GK
Well Number: 35-99HZ
8. Location: QtrQtr: SWSW Section: 35 Township: 11N Range: 61W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | |
|---|---|
| FORMATION: NIOBRARA | Status: PRODUCING |
| Treatment Date: 04/18/2011 | Date of First Production this formation: 05/13/2011 |
| Perforations Top: 7207 Bottom: 10729 | No. Holes: 0 Hole size: 0 |
| Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/> | |
| Frac'd the Niobrara w/ 1875489 gals of pHaserFrac with 3,368,603.0#s of Ottawa sand. | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: 05/15/2011 Hours: 24 | Bbls oil: 424 Mcf Gas: 0 Bbls H2O: 578 |
| Calculated 24 hour rate: | Bbls oil: 424 Mcf Gas: 0 Bbls H2O: 578 GOR: 0 |
| Test Method: FLOWING | Casing PSI: 950 Tubing PSI: 300 Choke Size: 0 |
| Gas Disposition: SOLD | Gas Type: WET BTU Gas: 1337 API Gravity Oil: 34 |
| Tubing Size: _____ | Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____ |
| Reason for Non-Production: _____ | |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 12/12/2011 Email: eroberts@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400231189 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
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Total: 0 comment(s)