

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 400248158

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 05-123-33846-00 6. County: WELD
7. Well Name: RHINO D Well Number: 27-19D
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: 09/28/2011 Date of First Production this formation: 10/06/2011
Perforations Top: 7171 Bottom: 7416 No. Holes: 96 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: []
Frac'd the Niobrara-Codell w/ 272069 gals of Silverstim and Slick Water with 494,320#'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: 10/14/2011 Hours: 12 Bbls oil: 89 Mcf Gas: 114 Bbls H2O: 26
Calculated 24 hour rate: Bbls oil: 89 Mcf Gas: 114 Bbls H2O: 26 GOR: 1280
Test Method: FLOWING Casing PSI: 1240 Tubing PSI: 0 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1339 API Gravity Oil: 42
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

User Group

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

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