

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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

5. API Number 05-123-33547-00
6. County: WELD
7. Well Name: CONNELL
Well Number: C04-31D
8. Location: QtrQtr: NENE Section: 5 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/14/2011 Date of First Production this formation: 11/09/2011

Perforations Top: 6852 Bottom: 7046 No. Holes: 104 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 289760 gals of Vistar and Slick Water with 467,556#'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: 11/18/2011 Hours: 24 Bbls oil: 63 Mcf Gas: 176 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 63 Mcf Gas: 176 Bbls H2O: 0 GOR: 2793

Test Method: FLOWING Casing PSI: 440 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1277 API Gravity Oil: 54

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

Attachment Check List

Att Doc Num	Name
400251648	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)