

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

Document Number: 400260398

Date Received:

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 05-123-10401-00
6. County: WELD
7. Well Name: GRANT ARENS
Well Number: 1
8. Location: QtrQtr: NWNE Section: 22 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/10/2011 Date of First Production this formation: 11/21/2011

Perforations Top: 7092 Bottom: 7107 No. Holes: 60 Hole size:

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

Re-Frac'd Codell w/ 127,353 gals of Vistar with 246,020#'s of Ottawa sand. No perfs done to Niobrara.

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

Test Information:

Date: 11/23/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 112 Bbls H2O: 21

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 112 Bbls H2O: 21 GOR: 0

Test Method: Flowing Casing PSI: 407 Tubing PSI: 365 Choke Size: 32

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1196 API Gravity Oil: 61

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7074 Tbg setting date: 11/17/2011 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: Email arawson@nobleenergyinc.com

### Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u>      |
|--------------------|------------------|
| 400260401          | WELLBORE DIAGRAM |

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)