

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

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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: SUSAN MILLER
Phone: (303) 228-4246
Fax: (303) 228-4286

5. API Number 05-123-33041-00
6. County: WELD
7. Well Name: PETTINGER USX AB
Well Number: 35-02
8. Location: QtrQtr: NWNE Section: 35 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/06/2012 Date of First Production this formation: 01/09/2012
Perforations Top: 6770 Bottom: 7075 No. Holes: 100 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: [X]
Pumped 491,945 lbs of Ottawa sand and 272,496 gals of 15% HCL, Slick Water and Silverstim.
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 01/13/2012 Hours: 24 Bbls oil: 42 Mcf Gas: 20 Bbls H2O: 34
Calculated 24 hour rate: Bbls oil: 42 Mcf Gas: 20 Bbls H2O: 34 GOR: 476
Test Method: Flowing Casing PSI: 440 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1328 API Gravity Oil: 43
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:
Codell formation producing through composite flow through plug.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: SUSAN MILLER
Title: Regulatory Analyst III Date: Email smiller@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

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