

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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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 05-123-33674-00  
6. County: WELD  
7. Well Name: DONALDSON USX  
Well Number: EE29-12D  
8. Location: QtrQtr: SWNW Section: 29 Township: 7N 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: 11/16/2011
Perforations Top: 7447 Bottom: 7746	No. Holes: 88 Hole size: 0
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
Pumped 493,960 lbs Ottawa sand, 272,797 gals of 15% HCL, Slick water, Silverstim.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: 11/22/2011 Hours: 24	Bbls oil: 3 Mcf Gas: 4 Bbls H2O: 6
Calculated 24 hour rate:	Bbls oil: 3 Mcf Gas: 4 Bbls H2O: 6 GOR: 1333
Test Method: Flowing	Casing PSI: 289 Tubing PSI: Choke Size: 24/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 2300 API Gravity Oil: 46
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:

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>

Total: 0 comment(s)