

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



DE	ET	OE	ES
----	----	----	----

Document Number:  
400266881

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 4. Contact Name: Cheryl Johnson  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4437  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-125-12006-00 6. County: YUMA  
 7. Well Name: Wakefield Trust Well Number: 33-6  
 8. Location: QtrQtr: NWSE Section: 6 Township: 1S Range: 45W Meridian: 6  
 9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/16/2011 Date of First Production this formation: 12/27/2011

Perforations Top: 2263 Bottom: 2314 No. Holes: 153 Hole size: 0.41

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

Frac: 500 gal 7.5% HCL acid; 35280 gals MAV-3 w/115720# Daniels Sand. Flush w/25 bbls MAV-3 gelled water.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 12/27/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 103 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 103 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 441 Tubing PSI:          Choke Size: 0.5

Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 API Gravity Oil: 0

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: Cheryl Johnson

Title: Regulatory Analyst II Date:          Email cheryljohnson@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)