

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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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: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-34570-00 6. County: WELD
 7. Well Name: Watkins Well Number: C12-23D
 8. Location: QtrQtr: NWSE Section: 12 Township: 4N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORRARA-CODELL Status: PRODUCING

Treatment Date: 01/13/2012 Date of First Production this formation: 01/16/2012

Perforations Top: 6828 Bottom: 7000 No. Holes: 56 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 301475 gals of Silverstim and Slick Water 15% HCl with 469,000#'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 No

Test Information:

Date: 01/20/2012 Hours: 24 Bbls oil: 78 Mcf Gas: 231 Bbls H2O: 37

Calculated 24 hour rate: Bbls oil: 78 Mcf Gas: 231 Bbls H2O: 37 GOR: 2961

Test Method: FLOWING Casing PSI: 850 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 61

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

Title: Regulatory Specialist

Date: _____

Email eroberts@nobleenergyinc.com

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Attachment Check List

| Att Doc Num | Name |
|--------------------|-------------|
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Total Attach: 0 Files

General Comments

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