

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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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 05-123-25291-00
6. County: WELD
7. Well Name: MCKENNEY
Well Number: 13-25
8. Location: QtrQtr: NENW Section: 13 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/30/2011 Date of First Production this formation: 12/21/2011

Perforations Top: 6818 Bottom: 6830 No. Holes: 48 Hole size:

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

Re-Frac'd Codell w/ 128,368 gals of slick Water and Vistar with 247,942#'s of Ottawa sand. No perms done to Niobrara.

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

Test Information:

Date: 12/30/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 92 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 92 Bbls H2O: 5 GOR: 7667

Test Method: Flowing Casing PSI: 562 Tubing PSI: 515 Choke Size: 34

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1320 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6795 Tbg setting date: 12/06/2011 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: 3/20/2012 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400263131	FORM 5A SUBMITTED
400263144	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)