

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



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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-34231-00
6. County: WELD
7. Well Name: SOONER STATE B
Well Number: 36-63HN
8. Location: QtrQtr: SESE Section: 36 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 10/25/2011 Date of First Production this formation: 11/04/2011
Perforations Top: 7211 Bottom: 10961 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: [ ]
Frac'd the Niobrara w/ 2540272.19 gals of Silverstim and Slick Water with 3,926,613.3#s of Ottawa sand.

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

Test Information:

Date: 11/11/2011 Hours: 24 Bbls oil: 433 Mcf Gas: 1128 Bbls H2O: 230
Calculated 24 hour rate: Bbls oil: 433 Mcf Gas: 1128 Bbls H2O: 230 GOR: 383
Test Method: FLOWING Casing PSI: 1432 Tubing PSI: 2266 Choke Size: 018/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1362 API Gravity Oil: 54
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

### Attachment Check List

| Att Doc Num | Name |
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