

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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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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-32355-00
6. County: WELD
7. Well Name: WILMOTH C
Well Number: 14-24D
8. Location: QtrQtr: NESW Section: 14 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/28/2011 Date of First Production this formation: 12/30/2011

Perforations Top: 6687 Bottom: 6883 No. Holes: 96 Hole size:

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

Niobrara perms 6685-6769 (48 holes), codell perms 6871-6883 (48 holes).
Frac'd Niobrara and Codell with 404,431 gals of Slick Water and 15% HCl with 300,060#'s of Ottawa sand.
Commingled Codell and Niobrara.
codell producing through composite flow plug.

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

Test Information:

Date: 01/06/2012 Hours: 24 Bbls oil: 40 Mcf Gas: 109 Bbls H2O: 20

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 109 Bbls H2O: 20 GOR: 2725

Test Method: Flowing Casing PSI: 850 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 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: Andrea Rawson

Title: Regulatory Specialist Date: arawson@nobleenergyinc.com

Email
:

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)