

FORM 5A

Rev 02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 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: Tania McNutt
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33875-00 6. County: WELD
 7. Well Name: DRAKE PC Well Number: MM14-08D
 8. Location: QtrQtr: NWSE Section: 14 Township: 7N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 10/18/2011 Date of First Production this formation: 11/29/2011
 Perforations Top: 7777 Bottom: 7787 No. Holes: 40 Hole size: 0.41
 Provide a brief summary of the formation treatment: Open Hole:
 Pumped 242,814 lbs of Ottawa Proppant and 115,923 gallons of Slick Water and Silverstim
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/02/2011 Hours: 4 Bbls oil: 36 Mcf Gas: 11 Bbls H2O: 3
 Calculated 24 hour rate: Bbls oil: 36 Mcf Gas: 11 Bbls H2O: 3 GOR: 3273
 Test Method: FLOWING Casing PSI: 1027 Tubing PSI: 460 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 API Gravity Oil: 40
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7762 Tbg setting date: 10/27/2011 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:
 Hard copies of logs were mailed to COGCC on _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: Tania McNutt
 Title: Regulatory Analyst Date: _____ Email: tmcnutt@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)