

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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Document Number:

400275943

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: Tania McNutt
Phone: (303) 228-4392
Fax: (303) 228-4286

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

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| 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: <input type="checkbox"/> |
| Pumped 242,814 lbs of Ottawa Proppant and 115,923 gallons of Slick Water and Silverstim | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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> |
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Total: 0 comment(s)