

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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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 05-123-34398-00
6. County: WELD
7. Well Name: NEI PC
Well Number: C18-20D
8. Location: QtrQtr: NESW Section: 18 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL	Status: PRODUCING
Treatment Date: 01/12/2012	Date of First Production this formation: 01/13/2012
Perforations Top: 6984 Bottom: 7190	No. Holes: 104 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Pumped 322,944 lbs of Ottawa Proppant and 406,735 gallons of 15% HCL and Slick Water.	
The Codell is producing through a composite flow through plug	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 01/19/2012 Hours: 24	Bbls oil: 43 Mcf Gas: 276 Bbls H2O: 24
Calculated 24 hour rate:	Bbls oil: 43 Mcf Gas: 276 Bbls H2O: 24 GOR: 6419
Test Method: FLOWING	Casing PSI: 900 Tubing PSI: Choke Size: 16/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1229 API Gravity Oil: 55
Tubing Size:	Tubing Setting Depth: Tbg setting date: 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:

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)