

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



Table with 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 05-123-32733-00 6. County: WELD 7. Well Name: MOSER PC G Well Number: 10-21D 8. Location: QtrQtr: SESW Section: 10 Township: 4N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/13/2012 Date of First Production this formation: 02/14/2012

Perforations Top: 7189 Bottom: 7497 No. Holes: 116 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 271068 gals of Silverstim and Slick Water with 498,160#'s of Ottawa sand.

The Codell is producing through a composite flow through plug.

Commingle the Niobrara and Codell.

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

Test Information:

Date: 02/17/2012 Hours: 24 Bbls oil: 24 Mcf Gas: 253 Bbls H2O: 21

Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 253 Bbls H2O: 21 GOR: 10541

Test Method: FLOWING Casing PSI: 1960 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 60

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

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)