

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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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 05-123-33500-00
6. County: WELD
7. Well Name: LINDBLAD PC MM
Well Number: 25-15
8. Location: QtrQtr: SWSE Section: 25 Township: 7N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 01/14/2012 Date of First Production this formation: 01/17/2012
Perforations Top: 7404 Bottom: 7416 No. Holes: 48 Hole size: 0.4
Provide a brief summary of the formation treatment: Open Hole: [ ]
Frac'd the Codell w/ 114398 gals of Silverstim and Slick Water with 253,537#'s of Ottawa sand.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 01/27/2012 Hours: 24 Bbls oil: 40 Mcf Gas: 33 Bbls H2O: 30
Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 33 Bbls H2O: 30 GOR: 825
Test Method: FLOWING Casing PSI: 790 Tubing PSI: 0 Choke Size: 016/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1327 API Gravity Oil: 44
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**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

**General Comments**

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

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