

**FORM
5A**
Rev
06/12

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: JEAN MUSE-REYNOLDS
Phone: (303) 228-4316
Fax: (303) 228-4286

5. API Number 05-123-32571-00
6. County: WELD
7. Well Name: NCLP PC AA
Well Number: 08-03D
8. Location: QtrQtr: CNW Section: 8 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/21/2011 End Date: 06/21/2011 Date of First Production this formation: 06/23/2011
Perforations Top: 6923 Bottom: 6935 No. Holes: 48 Hole size: 0.41

Provide a brief summary of the formation treatment: _____ Open Hole:

PUMPED 250615# OTTAWA SAND DOWNHOLE in 146420gals of 15% HCL Acid/SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER
CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG
FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3486 Max pressure during treatment (psi): 4658
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.89
Total acid used in treatment (bbl): 24 Number of staged intervals: 9
Recycled water used in treatment (bbl): 246 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 3216 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 250615 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/23/2011

Perforations Top: 6764 Bottom: 6935 No. Holes: 96 Hole size: 0.41

Provide a brief summary of the formation treatment: _____ Open Hole:

CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/19/2011 Hours: 24 Bbl oil: 58 Mcf Gas: 86 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 58 Mcf Gas: 86 Bbl H2O: 2 GOR: 1483

Test Method: FLOWING Casing PSI: 1850 Tubing PSI: 1150 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1172 API Gravity Oil: 46

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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBARARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/21/2011 End Date: 06/21/2011 Date of First Production this formation: 06/23/2011
Perforations Top: 6764 Bottom: 6836 No. Holes: 48 Hole size: 0.69

Provide a brief summary of the formation treatment: _____ Open Hole:

CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG
FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL
PUMPED 250614# OTTAWA SAND DOWNHOLE in 165698gals of SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3945 Max pressure during treatment (psi): 4859
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.90
Total acid used in treatment (bbl): _____ Number of staged intervals: 7
Recycled water used in treatment (bbl): 270 Flowback volume recovered (bbl): 1615
Fresh water used in treatment (bbl): 3675 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 250614 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: JEAN MUSE-REYNOLDS
Title: REGULATORY COMPLIANCE Date: _____ Email jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)