

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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: Kathleen Mills Phone: (720) 587-2226 Fax: (303) 228-4286

5. API Number 05-123-17640-00 6. County: WELD 7. Well Name: DODERO Well Number: 33-14L 8. Location: QtrQtr: SESW Section: 33 Township: 3N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 01/10/2009 Perforations Top: 7139 Bottom: 7363 No. Holes: 220 Hole size: Provide a brief summary of the formation treatment: Open Hole: [ ]

COMMINGLE NB & CD This formation is commingled with another formation: [X] 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: 01/23/2009 Hours: 24 Bbl oil: 42 Mcf Gas: 300 Bbl H2O: 6 Calculated 24 hour rate: Bbl oil: 42 Mcf Gas: 300 Bbl H2O: 6 GOR: 7142 Test Method: FLOWING Casing PSI: 435 Tubing PSI: 187 Choke Size: 28/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1252 API Gravity Oil: 49 Tubing Size: 2 + 1/16 Tubing Setting Depth: 7343 Tbg setting date: 01/08/2009 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Kathleen Mills

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: kmills@nobleenergyinc.com  
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### Attachment Check List

Att Doc Num      Name

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Total Attach: 0 Files

### General Comments

User Group      Comment      Comment Date

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