

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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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 AT City: DENVER State: CO Zip: 80202 4. Contact Name: ANDREA RAWSON Phone: (281) 876-6105 Fax: (281) 876-2503 Email:

5. API Number 05-123-11309-00 6. County: WELD 7. Well Name: DINNEL Well Number: 1 8. Location: QtrQtr: SWNW Section: 26 Township: 4N Range: 64W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:

Treatment Date: 02/03/2010 End Date: Date of First Production this formation: 03/29/2010

Perforations Top: 6618 Bottom: 6826 No. Holes: 83 Hole size:

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

CODELL PERFS 6813-6826. RE-FRACD CODELL W/129,904 GALS SLICKWATER & VISTAR W/246,000# OTTAWA SAND.

This formation is commingled with another formation: [] Yes [X] 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: 04/09/2010 Hours: 24 Bbl oil: 8 Mcf Gas: 84 Bbl H2O: 4 Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 84 Bbl H2O: 4 GOR: 10500 Test Method: FLOWING Casing PSI: 420 Tubing PSI: 300 Choke Size: 30/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1304 API Gravity Oil: 51 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6791 Tbg setting date: 02/08/2010 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 Status: COMMINGLED Treatment Type: _____

Treatment Date: 02/03/2010 End Date: _____ Date of First Production this formation: _____

Perforations Top: 6618 Bottom: 6811 No. Holes: 31 Hole size: _____

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

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: _____ 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: Y Print Name: ANDREA RAWSON

Title: REGULATORY Date: 6/8/2010 Email: ARAWSON@NOBLEENERGYINC.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)