

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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 4. Contact Name: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-11513-00 6. County: WELD
 7. Well Name: D.C.D. FARMS Well Number: 1-26
 8. Location: QtrQtr: SENE Section: 26 Township: 6N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 01/20/2010 Date of First Production this formation: 02/21/1984
 Perforations Top: 6806 Bottom: 6818 No. Holes: 96 Hole size: 41/100

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

Codell refrac
Frac'd Codell w/127302 gals Vistar and Slick Water with 240000 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/05/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 42 Bbls H2O: 3
 Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 42 Bbls H2O: 3 GOR: 3500
 Test Method: Flowing Casing PSI: 675 Tubing PSI: 674 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1314 API Gravity Oil: 54
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6796 Tbg setting date: 01/25/2010 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: _____

Comment: _____

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

Signed: _____

Print Name: Justin Garrett

Title: Regulatory Specialist

Date: _____

Email: JDGarrett@nobleenergyinc.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____