

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

2509159

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: JENNIFER BARNETT
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-125-11736-00 6. County: YUMA
7. Well Name: WAKEFIELD TRUST Well Number: 41-12B
8. Location: QtrQtr: NENE Section: 12 Township: 2S Range: 45W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/30/2010</u>	Date of First Production this formation: <u>05/25/2010</u>
Perforations Top: <u>2150</u> Bottom: <u>2182</u>	No. Holes: <u>96</u> Hole size: <u>45/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC: 500 GALS 7.5% HCL ACID BREAKDOWN, 10,000 GALS 30% CO2 FOAM GEL PADS, 28,750 GALS 30% CO2 FOAM GEL, CARRYING 50,020 LBS 16/30 DANIELS SAND & 27,500 LBS 12/20 DANIELS SAND, AVG PSI: 997 PSI, AVG. FL. RATE: 16.8 BPM.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/25/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>96</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>96</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>420</u> Tubing PSI: _____ Choke Size: <u>50/100</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>990</u> API Gravity Oil: _____	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: JENNIFER BARNETTTitle: REGULATORY ANALYST Date: 5/27/2010 Email: JBARNETT@NOBLEENERGYINC.COM

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: David S. Neslin Director of COGCC Date: 10/29/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2509159	FORM 5A SUBMITTED	LF@2514694 2509159

Total Attach: 1 Files