

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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COMPLETED INTERVAL REPORT

Document Number:

400115538

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 05-123-23655-00 6. County: WELD
7. Well Name: THOMSEN Well Number: 41-7
8. Location: QtrQtr: NENE Section: 7 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 09/14/2010 Date of First Production this formation: 06/27/2006
Perforations Top: 7282 Bottom: 7295 No. Holes: 52 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell refrac
Frac'd Codell w/130087 gals Vistar with 245280 lbs Ottawa sand
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/11/2010 Hours: 24 Bbls oil: 25 Mcf Gas: 10 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 10 Bbls H2O: 0 GOR: 400
Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1100 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1253 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7271 Tbg setting date: 08/31/2010 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

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: _____

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
| | |

Total Attach: 0 Files

General Comments

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