

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400101651

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 05-123-28036-00 6. County: WELD
 7. Well Name: SCHAAL Well Number: 20-43
 8. Location: QtrQtr: SWSE Section: 20 Township: 4N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 12/30/2008 Date of First Production this formation: 05/07/2010
 Perforations Top: 5600 Bottom: 5919 No. Holes: 336 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Codell 5894'-5919' 12/30/08
 Niobrara 5600'-5778' 12/30/08
 Codell & Niobrara are commingled
 Well drilled in 2008, just now turned on
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/10/2010 Hours: 24 Bbls oil: 111 Mcf Gas: 0 Bbls H2O: 70
 Calculated 24 hour rate: Bbls oil: 111 Mcf Gas: 0 Bbls H2O: 70 GOR: 0
 Test Method: Flowing Casing PSI: 820 Tubing PSI: 480 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 40
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5863 Tbg setting date: 12/18/2009 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: _____

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: 10/19/2010 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: *David S. Neslin* Director of COGCC Date: 12/30/2010

Attachment Check List

Att Doc Num	Name
400101651	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)