

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:

400109577

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31309-00 6. County: WELD
7. Well Name: WALCKER USX AB Well Number: 01-05P
8. Location: QtrQtr: SWNW Section: 1 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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|---|--|
| FORMATION: <u>NIOBARRA-CODELL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>10/06/2010</u> | Date of First Production this formation: <u>11/05/2010</u> |
| Perforations Top: <u>6767</u> Bottom: <u>7079</u> | No. Holes: <u>88</u> Hole size: <u>0</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>Frac'd Niobrara / Codell w/ 306960 gals of Silverstim and Slick Water with 517,500#s of Ottawa sand.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>11/09/2010</u> Hours: <u>24</u> Bbls oil: <u>38</u> Mcf Gas: <u>16</u> Bbls H2O: <u>55</u> | |
| Calculated 24 hour rate: | Bbls oil: <u>38</u> Mcf Gas: <u>16</u> Bbls H2O: <u>55</u> GOR: <u>421</u> |
| Test Method: <u>FLOWING</u> Casing PSI: <u>250</u> Tubing PSI: <u>100</u> Choke Size: <u>048/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1258</u> API Gravity Oil: <u>38</u> | |
| 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: Eileen Roberts
Title: Regulatory Specialist Date: 11/17/2010 Email: eroberts@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: 1/18/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400109577 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)