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: 400115007

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

5. API Number 05-123-24982-00
6. County: WELD
7. Well Name: WARNER USX N
Well Number: 09-23
8. Location: QtrQtr: NWSE Section: 9 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 11/04/2010 Date of First Production this formation: 11/04/2010

Perforations Top: 6928 Bottom: 7726 No. Holes: 240 Hole size:

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

Codell/Niobrara recomplete
J Sand, Codell, and Niobrara are commingled
J Sand and Codell are producing thorugh composite flow through plugs

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 11/12/2010 Hours: 24 Bbls oil: 78 Mcf Gas: 120 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 78 Mcf Gas: 120 Bbls H2O: 0 GOR: 1538

Test Method: Flowing Casing PSI: 420 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1229 API Gravity Oil: 62

Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 11/03/2010 Date of First Production this formation: 09/12/2007

Perforations Top: 7699 Bottom: 7726 No. Holes: 88 Hole size: 42/100

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

J Sand is producing through composite flow through plug

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/03/2010 Date of First Production this formation: 11/04/2010

Perforations Top: 6928 Bottom: 7255 No. Holes: 152 Hole size:

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

Codell Recomplete. CD perfs 7231-7255, 96 holes @.41".
The Codell is producing through composite flow through plug
Frac'd Codell w/132804 gals Silverstim, Acid, and Slick Water with 271240 lbs Ottawa sand. NB perfs 6928-7062, 56 holes @.73".
Frac'd NB w/ 175171 gals Silverstim and slickwater with 250420 lbs Ottawa Sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: 12/8/2010 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: 1/21/2011

Attachment Check List

Att Doc Num	Name
400115007	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)