

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

Document Number:
400121334

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 05-123-17743-00
6. County: WELD
7. Well Name: STATE Well Number: 16-1514
8. Location: QtrQtr: SWSE Section: 16 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/04/2010 Date of First Production this formation: 03/03/1994

Perforations Top: 6584 Bottom: 6866 No. Holes: 187 Hole size:

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

Niobrara refrac. NB perms 6584-6678, 126 holes.
Frac'd Niobrara 183333 gals Silverstim, Acid, and Slick Water with 250380 lbs Ottawa sand. CD perms 6853-6866, 61 holes, CCD set sand plug at 6743-6980 11/16/10.. remove sand plug and commingle with NB.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/10/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 161 Bbls H2O: 26

Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 161 Bbls H2O: 26 GOR: 5367

Test Method: Flowing Casing PSI: 380 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1288 API Gravity Oil: 59

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: 1/6/2011 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
400121334	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)