

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:

400126829

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: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-14787-00 6. County: WELD
 7. Well Name: WIEDEMAN Well Number: 4
 8. Location: QtrQtr: SWNW Section: 26 Township: 5N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
 Treatment Date: 10/29/2010 Date of First Production this formation: 12/07/2010
 Perforations Top: 7006 Bottom: 7190 No. Holes: 70 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Codell perms 7175-7190. Tri-Frac'd Codell w/ 125,304 gals of Slick Water and Vistar with 236,810#s of Ottawa sand. Commingle Codell and Niobrara.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/17/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 179 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 179 Bbls H2O: 0 GOR: 35800
 Test Method: Flowing Casing PSI: 400 Tubing PSI: 350 Choke Size: 20
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1250 API Gravity Oil: 67
 Tubing Size: 2 + 1/16 Tubing Setting Depth: 7139 Tbg setting date: 11/03/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 10/29/2010 Date of First Production this formation: _____

Perforations Top: 7006 Bottom: 7012 No. Holes: 10 Hole size: _____

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

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: Andrea Rawson

Title: Regulatory Specialist Date: _____ Email arawson@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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)