

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:

400158329

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 05-123-18032-00 6. County: WELD
7. Well Name: WEISS Well Number: 34-417
8. Location: QtrQtr: NWNW Section: 34 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/26/2011 Date of First Production this formation: 05/14/1994
Perforations Top: 6973 Bottom: 7274 No. Holes: 75 Hole size: 31/100
Provide a brief summary of the formation treatment: Open Hole:
Codell & Niobrara are commingled
Codell trfrac
Frac'd Codell w/128660 gals Vistar and Slick Water with 244000 lbs Ottawa sand
This formation is commingled with another formation: Yes No
Test Information:
Date: 03/18/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 113 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 113 Bbls H2O: 2 GOR: 22600
Test Method: Flowing Casing PSI: 440 Tubing PSI: 417 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1321 API Gravity Oil: 0
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7246 Tbg setting date: 02/01/2011 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: 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)