

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400165050

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 05-123-15774-00
6. County: WELD
7. Well Name: STROH H Well Number: 12-4J
8. Location: QtrQtr: SESE Section: 12 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-CODELL Status: PRODUCING
Treatment Date: 10/08/2010 Date of First Production this formation: 12/23/1992
Perforations Top: 7099 Bottom: 7603 No. Holes: 166 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
J Sand & Codell are commingled
J Sand 7542'-7603', 70 holes
Codell 7099'-7113', 96 holes
This formation is commingled with another formation: Yes No
Test Information:
Date: 10/12/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 2 Bbls H2O: 10
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 2 Bbls H2O: 10 GOR: 1000
Test Method: Flowing Casing PSI: 623 Tubing PSI: 831 Choke Size: 34/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1291 API Gravity Oil: 60
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7514 Tbg setting date: 10/04/2010 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:

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)