

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 400141532

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32080-00 6. County: WELD
7. Well Name: Waugh PC Well Number: AB08-13
8. Location: QtrQtr: SWSW Section: 8 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/05/2010 Date of First Production this formation: 12/13/2010
Perforations Top: 6942 Bottom: 7245 No. Holes: 124 Hole size: 0

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

Frac'd Niobrara-Codell w/ 377244 gals of Silverstim and Slick Water with 628,827#'s of Ottawa sand.
Commingle Niobrara and Codell.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 12/17/2010 Hours: 24 Bbls oil: 54 Mcf Gas: 31 Bbls H2O: 62
Calculated 24 hour rate: Bbls oil: 54 Mcf Gas: 31 Bbls H2O: 62 GOR: 574
Test Method: FLOWING Casing PSI: 210 Tubing PSI: 200 Choke Size: 036/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1195 API Gravity Oil: 43
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: Eileen Roberts

Title: Regulatory Specialist Date: 3/10/2011 Email eroberts@nobleenergyinc.com
:

Attachment Check List

| Att Doc Num | Name |
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| 400141532 | FORM 5A SUBMITTED |

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