

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

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: Eileen Roberts Phone: (303) 2284330 Fax: (303) 2284286

5. API Number 05-123-31912-00 6. County: WELD 7. Well Name: DECHANT X Well Number: 01-04 8. Location: QtrQtr: NWNW Section: 1 Township: 2N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Date: 02/10/2011 Date of First Production this formation: 02/11/2011 Perforations Top: 6942 Bottom: 7596 No. Holes: 160 Hole size: 0.41 Provide a brief summary of the formation treatment: Open Hole: [] This formation is commingled with another formation: [] Yes [X] No Test Information: Date: 02/18/2011 Hours: 24 Bbls oil: 30 Mcf Gas: 300 Bbls H2O: 16 Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 300 Bbls H2O: 16 GOR: 10000 Test Method: FLOWING Casing PSI: 440 Tubing PSI: 0 Choke Size: 016/64 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 62 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:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 02/10/2011 Date of First Production this formation: 02/11/2011

Perforations Top: 7576 Bottom: 7596 No. Holes: 80 Hole size: 0.41

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

Frac'd the J-Sand w/148458 gals of Silverstim and Slick Water with 269,220#'s of Ottawa sand.

The J-Sand is producing through a Composite Flow Through Plug.

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/10/2011 Date of First Production this formation: 02/11/2011

Perforations Top: 6942 Bottom: 7110 No. Holes: 80 Hole size: 0

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

Frac'd Niobrara-Codell w/ 215735 gals of Silverstim and Slick Water with 395,300#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

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: Eileen Roberts

Title: Regulatory Specialist Date: 3/17/2011 Email eroberts@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400143934	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)