



Document Number:

400140782

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

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 05-123-25650-00

6. County: WELD

7. Well Name: HORST

Well Number: 6-25

8. Location: QtrQtr: SENW Section: 6 Township: 3N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 11/01/2010

Date of First Production this formation: 11/01/2010

Perforations	Top:	6798	Bottom:	7082	No. Holes:	136	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole:

Commingle Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	11/05/2010	Hours:	24	Bbls oil:	25	Mcf Gas:	229	Bbls H2O:	21
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Calculated 24 hour rate:	Bbls oil:	25	Mcf Gas:	229	Bbls H2O:	21	GOR:	9160
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Test Method: Flowing	Casing PSI: 713	Tubing PSI: 297	Choke Size: 14
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1221	API Gravity Oil:	56
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 7043 Tbg setting date: 10/26/2010 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: Andrea Rawson

Title: Regulatory Specialist Date: 3/9/2011 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400140782	FORM 5A SUBMITTED

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

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