

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400145106</div>				
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: <u>100322</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-26849-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WILSON</u>	Well Number: <u>35-25</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>35</u> Township: <u>7N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>EATON</u> Field Code: <u>19350</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/20/2010</u>	Date of First Production this formation: <u>01/06/2011</u>
Perforations Top: <u>7032</u> Bottom: <u>7361</u>	No. Holes: <u>120</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd Niobrara-Codell w/ 309582 gals of Silverstim and Slick Water with 536,337#'s of Ottawa sand.	
Commingle Niobrara and Codell.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>01/21/2011</u> Hours: <u>24</u> Bbls oil: <u>50</u> Mcf Gas: <u>61</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>50</u> Mcf Gas: <u>61</u> Bbls H2O: <u>0</u> GOR: <u>1220</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1443</u> Tubing PSI: <u>121</u> Choke Size: <u>014/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1326</u> API Gravity Oil: <u>44</u>
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

Comment:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: 3/22/2011 Email eroberts@nobleenergyinc.com  
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**Attachment Check List**

Att Doc Num	Name
400145106	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)