

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



DE ET OE ES

Document Number:
400150313

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-29480-00
6. County: WELD
7. Well Name: NCLP PC
Well Number: AA04-04
8. Location: QtrQtr: NWNW Section: 4 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/10/2010 Date of First Production this formation: 02/15/2010
Perforations Top: 6551 Bottom: 6843 No. Holes: 88 Hole size: _____

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

Niobrara perms 6551-6676 48 holes. Codell perms 6833-6843 40 holes. Frac'd Niobrara and Codell w/ 305,050 gals of Slick Water Vistar, and 15% HCl with 515,500#'s of Ottawa sand. Commingled Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/25/2011 Hours: 24 Bbls oil: 34 Mcf Gas: 54 Bbls H2O: 8
Calculated 24 hour rate: Bbls oil: 34 Mcf Gas: 54 Bbls H2O: 8 GOR: 1588
Test Method: Flowing Casing PSI: 1451 Tubing PSI: 1044 Choke Size: 24
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1210 API Gravity Oil: 57
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6818 Tbg setting date: 01/19/2011 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: 4/5/2011 Email arawson@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400150313	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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