

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:  
400151008

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 05-123-29481-00  
6. County: WELD  
7. Well Name: NCLP PC  
Well Number: AA04-19  
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: 02/04/2011 Date of First Production this formation: 02/15/2011  
Perforations Top: 6560 Bottom: 6866 No. Holes: 96 Hole size:  
Provide a brief summary of the formation treatment: Open Hole:   
Niobrara perms 6560-6689 (48 holes). Codell perms 6854-6866 (48 holes). Frac'd Niobrara and Codell w/ 308,036 gals of Slick Water, Vistar and 15% HCl with 518,660#'s of Ottawa sand.  
Codell producing through flow plug  
Commingled Codell and Niobrara.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 02/25/2011 Hours: 24 Bbls oil: 42 Mcf Gas: 24 Bbls H2O: 20  
Calculated 24 hour rate: Bbls oil: 42 Mcf Gas: 24 Bbls H2O: 20 GOR: 571  
Test Method: Flowing Casing PSI: 570 Tubing PSI: 0 Choke Size: 18  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1238 API Gravity Oil: 46  
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: Andrea Rawson

Title: Regulatory Specialist Date: 4/7/2011 Email arawson@nobleenergyinc.com  
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### **Attachment Check List**

Att Doc Num	Name
400151008	FORM 5A SUBMITTED

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

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