

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                   |    |    |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|
| <b>FORM 5A</b><br>Rev 02/08                                                                                                                                                                                                                                                                                                                                                                                                   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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:<br><br><div style="text-align: center; font-weight: bold;">400161759</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>Justin Garrett</u> |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u>           | Phone: <u>(303) 228-4449</u>           |
| 3. Address: <u>1625 BROADWAY STE 2200</u>              | Fax: <u>(303) 228-4286</u>             |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |                                        |

|                                                                                                              |                            |
|--------------------------------------------------------------------------------------------------------------|----------------------------|
| 5. API Number <u>05-123-31772-00</u>                                                                         | 6. County: <u>WELD</u>     |
| 7. Well Name: <u>Sekich P</u>                                                                                | Well Number: <u>19-27D</u> |
| 8. Location: QtrQtr: <u>NWNE</u> Section: <u>19</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u> |                            |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>                                                    |                            |

Completed Interval

|                                                     |                                                            |
|-----------------------------------------------------|------------------------------------------------------------|
| FORMATION: <u>J SAND</u>                            | Status: <u>PRODUCING</u>                                   |
| Treatment Date: <u>02/16/2011</u>                   | Date of First Production this formation: <u>03/25/2011</u> |
| Perforations Top: <u>7804</u> Bottom: <u>7831</u>   | No. Holes: <u>88</u> Hole size: <u>41/100</u>              |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/>                        |

J Sand and Codell are producing through 3 composite flow through plugs  
 Frac'd J Sand w/147748 gals Silverstim and Slick Water with 280300 lbs Ottawa sand and SB Excel

This formation is commingled with another formation:  Yes  No

**Test Information:**

|                              |                             |                         |                            |                    |
|------------------------------|-----------------------------|-------------------------|----------------------------|--------------------|
| Date: <u>04/01/2011</u>      | Hours: <u>24</u>            | Bbls oil: <u>92</u>     | Mcf Gas: <u>230</u>        | Bbls H2O: <u>0</u> |
| Calculated 24 hour rate:     | Bbls oil: <u>92</u>         | Mcf Gas: <u>230</u>     | Bbls H2O: <u>0</u>         | GOR: <u>2500</u>   |
| Test Method: <u>Flowing</u>  | Casing PSI: <u>575</u>      | Tubing PSI: <u>0</u>    | Choke Size: <u>12/64</u>   |                    |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u>        | BTU Gas: <u>1160</u>    | API Gravity Oil: <u>47</u> |                    |
| 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: \_\_\_\_\_

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

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 02/16/2011 Date of First Production this formation: 03/25/2011

Perforations Top: 7108 Bottom: 7386 No. Holes: 120 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

J Sand and Codell are producing through 3 composite flow through plugs  
Codell & Niobrara are commingled  
Codell 7368'-7386', 72 holes, .42"  
Frac'd Codell w/115623 gals Silverstim, Acid, and Slick Water with 245100 lbs Ottawa sand  
Niobrara 7108'-7178', 48 holes, .72"  
Frac'd Niobrara w/151552 gals Silverstim and Slick Water with 249100 lbs Ottawa sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 04/01/2011 Hours: 24 Bbls oil: 92 Mcf Gas: 230 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 92 Mcf Gas: 230 Bbls H2O: 0 GOR: 2500

Test Method: Flowing Casing PSI: 575 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1160 API Gravity Oil: 47

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: Justin Garrett

Title: Regulatory Specialist Date: 5/23/2011 Email JDGarrett@nobleenergyinc.com

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400161759   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)