

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-32568-00
6. County: WELD
7. Well Name: NCLP PC AA
Well Number: 08-19
8. Location: QtrQtr: SWNW Section: 8 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 05/06/2011 Date of First Production this formation: 06/02/2011
Perforations Top: 6556 Bottom: 6850 No. Holes: 136 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: []
Frac'd Niobrara-Codell w/ 359685 gals of Silverstim and Slick Water with 269,838#'s of Ottawa sand.
Codell under retrievable Bridge Plug, test info unable to be verified.
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 06/08/2011 Hours: 24 Bbls oil: 54 Mcf Gas: 30 Bbls H2O: 8
Calculated 24 hour rate: Bbls oil: 54 Mcf Gas: 30 Bbls H2O: 8 GOR: 556
Test Method: FLOWING Casing PSI: 750 Tubing PSI: 0 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1169 API Gravity Oil: 42
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: Eileen Roberts

Title: Regulatory Specialist

Date: 8/11/2011

Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400194600	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)