

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400202816

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 05-123-26500-00
6. County: WELD
7. Well Name: FOSS
Well Number: 14-43
8. Location: QtrQtr: SWSE Section: 14 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 03/07/2011 Date of First Production this formation: 03/07/2011
Perforations Top: 6550 Bottom: 6847 No. Holes: 116 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Commingled Codell and Niobrara.
This formation is commingled with another formation: Yes No
Test Information:
Date: 03/07/2011 Hours: 24 Bbls oil: 30 Mcf Gas: 189 Bbls H2O: 10
Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 189 Bbls H2O: 10 GOR: 6300
Test Method: Flowing Casing PSI: 545 Tubing PSI: 476 Choke Size: 34
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6816 Tbg setting date: 03/01/2011 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: 9/6/2011 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400202816	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)