

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



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Document Number:
400159673

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 4. Contact Name: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-26734-01 6. County: WELD
 7. Well Name: LINDBLAD Well Number: 20-25X
 8. Location: QtrQtr: NENW Section: 20 Township: 6N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORRARA-CODELL Status: PRODUCING

Treatment Date: 02/28/2011 Date of First Production this formation: 03/02/2011

Perforations Top: 6910 Bottom: 7172 No. Holes: 120 Hole size: _____

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

Codell & Niobrara are commingled
Codell 7154'-7172', 72 holes, .41"
Frac'd Codell w/115416 gals Silverstim, Acid, and Slick Water with 240975 lbs Ottawa sand
Niobrara 6910'-7062', 48 holes, .73"
Frac'd Niobrara w/152922 gals Silverstim and Slick Water with 247259 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/15/2011 Hours: 24 Bbls oil: 43 Mcf Gas: 49 Bbls H2O: 12

Calculated 24 hour rate: _____ Bbls oil: 43 Mcf Gas: 49 Bbls H2O: 12 GOR: 1139

Test Method: Flowing Casing PSI: 1870 Tubing PSI: 976 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7134 Tbg setting date: 03/10/2011 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: Justin Garrett

Attachment Check List

Att Doc Num	Name
400159673	COMPLETED INTERVAL REPORT
400168326	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)