

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400209670

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-31670-00
6. County: WELD
7. Well Name: SCHMIDT K
Well Number: 23-24D
8. Location: QtrQtr: NESW Section: 23 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/23/2011 Date of First Production this formation: 07/18/2011

Perforations Top: 7043 Bottom: 7343 No. Holes: 112 Hole size:

Provide a brief summary of the formation treatment: Open Hole: [ ]

Codell & Niobrara are commingled; the Codell is producing through a composite flow through plug
Codell 7327'-7343', 64 holes, .40"
Frac'd Codell w/117183 gals Silverstim, 15% HCl, and Slick Water with 244660 lbs Ottawa sand
Niobrara 7043'-7131', 48 holes, .69"
Frac'd Niobrara w/156087 gals Silverstim and Slick Water with 249500 lbs Ottawa sand

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 07/22/2011 Hours: 24 Bbls oil: 32 Mcf Gas: 369 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 32 Mcf Gas: 369 Bbls H2O: 2 GOR: 11531

Test Method: Flowing Casing PSI: 2900 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 60

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: 9/28/2011

Email: JDGarrett@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400209670	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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