

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400209829

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 05-123-15382-00 6. County: WELD
 7. Well Name: BRIGHT Well Number: 4-8K
 8. Location: QtrQtr: SENE Section: 4 Township: 3N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/17/2010 Date of First Production this formation: 02/24/1992

Perforations Top: 7022 Bottom: 7326 No. Holes: 178 Hole size: _____

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

Niobrara & Codell are commingled
Niobrara 7022'-7191', 70 holes
Codell 7313'-7327', 108 holes
Sand plug removed from Codell 11/12/2010 after Niobrara refrac to commingle

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/22/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 142 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 142 Bbls H2O: 1 GOR: 11833

Test Method: Flowing Casing PSI: 1049 Tubing PSI: 993 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1241 API Gravity Oil: 67

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7293 Tbg setting date: 11/12/2010 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
400209829	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)