

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



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

COMPLETED INTERVAL REPORT

Document Number:

400217731

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 05-123-31351-00
6. County: WELD
7. Well Name: DEGENHART USX AE
Well Number: 17-99HZ
8. Location: QtrQtr: NENE Section: 17 Township: 6N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 08/17/2010 Date of First Production this formation: 09/14/2010
Perforations Top: 9566 Bottom: 10336 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: [ ]
Frac'd Niobrara w/ 1016064 gals of pHaserFrac and Slick Water with 1,064,398#'s of sand.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 09/17/2010 Hours: 24 Bbls oil: 587 Mcf Gas: 635 Bbls H2O: 430
Calculated 24 hour rate: Bbls oil: 587 Mcf Gas: 635 Bbls H2O: 430 GOR: 1081
Test Method: FLOWING Casing PSI: 925 Tubing PSI: 555 Choke Size: 030/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 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: 10/25/2011 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400217731	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)