

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34033-00 6. County: WELD
7. Well Name: Egge USX Well Number: A03-11D
8. Location: QtrQtr: NWSE Section: 3 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/07/2011 Date of First Production this formation: 10/21/2011
Perforations Top: 7019 Bottom: 7197 No. Holes: 96 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: []
Frac'd the Niobrara-Codell w/ 271222 gals of Silverstim and Slick Water with 494,490#'s of Ottawa sand.
The Codell is producing through a Composite Flow Through Plug.
Commingle the Niobrara and codell.

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

Test Information:
Date: 10/28/2011 Hours: 24 Bbls oil: 33 Mcf Gas: 60 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: 33 Mcf Gas: 60 Bbls H2O: 4 GOR: 1818
Test Method: FLOWING Casing PSI: 284 Tubing PSI: 0 Choke Size: 0
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 48
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: Email: eroberts@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)