

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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

Document Number: 400248212

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-33858-00
6. County: WELD
7. Well Name: RHINO D
Well Number: 27-22D
8. Location: QtrQtr: NESW Section: 27 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/04/2011 Date of First Production this formation: 10/06/2011

Perforations Top: 7007 Bottom: 7255 No. Holes: 72 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 243432 gals of Silverstim and Slick Water with 302,063#'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: 10/14/2011 Hours: 24 Bbls oil: 45 Mcf Gas: 51 Bbls H2O: 26
Calculated 24 hour rate: Bbls oil: 45 Mcf Gas: 51 Bbls H2O: 26 GOR: 1133
Test Method: FLOWING Casing PSI: 714 Tubing PSI: 0 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1333 API Gravity Oil: 51
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: 2/2/2012

Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400248212	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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