FORM 5A	**State of Colorado**
Rev 02/08	**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

COMPLETED INTERVAL REPORT

Document Number:

400239095

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: Andrea Rawson

   Phone: (303) 228-4253

   Fax: (303) 228-4286

5. API Number: 05-123-31884-00

6. County: WELD

7. Well Name: Cannon H   Well Number: 35-20

8. Location: QtrQtr: NWSW   Section: 35   Township: 3N   Range: 65W   Meridian: 6

9. Field Name: WATTENBERG   Field Code: 90750

Completed Interval

FORMATION: J SAND   Status: PRODUCING

Treatment Date: 08/23/2011   Date of First Production this formation: 10/14/2011

Perforations   Top: 7600   Bottom: 7629   No. Holes: 60   Hole size: 0.41

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

Frac'd J-sand w/ 148,809 gals of Silverstim and Slick Water with 280,000#'s of Ottawa sand.
J-Sand producing through 2 composite flow plugs.

This formation is commingled with another formation: ☐ Yes   ☒ No

Test Information:

Date: 10/21/2011   Hours: 24   Bbls oil: 70   Mcf Gas: 232   Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 70   Mcf Gas: 232   Bbls H2O: 15   GOR: 3314

Test Method: Flowing   Casing PSI: 1800   Tubing PSI: 0   Choke Size: 12

Gas Disposition: SOLD   Gas Type: WET   BTU Gas: 1255   API Gravity Oil: 46

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: _____

FORMATION: NIOBRARA-CODELL   Status: PRODUCING

Treatment Date: 08/23/2011   Date of First Production this formation: 10/14/2011

Perforations   Top: 6910   Bottom: 7143   No. Holes: 104   Hole size: _____

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

Niobrara perfs 6910-7028 (48 holes), Codell perfs 7129-7143 (56 holes).
Frac'd Niobrara / Codell with 270,649 gals of Silverstim, Slick water, and 15% HCI with 492,500#'s of Ottawa sand.
Commingle Codell and Niobrara.
Codell producing through 2 composite flow plugs.

This formation is commingled with another formation: ☐ Yes   ☒ No

Test Information:

Date: 10/21/2011   Hours: 24   Bbls oil: 70   Mcf Gas: 232   Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: 70   Mcf Gas: 232   Bbls H2O: 15   GOR: 3314

Test Method: Flowing   Casing PSI: 1800   Tubing PSI: 0   Choke Size: 12

Gas Disposition: SOLD   Gas Type: WET   BTU Gas: 1255   API Gravity Oil: 46

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: Andrea Rawson
Title: Regulatory Specialist　　Date:　1/10/2012	Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400239095	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)