

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: 400253042

Date Received: 02/17/2012

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 05-123-33320-00
6. County: WELD
7. Well Name: SCHOLFIELD STATE A
Well Number: 36-69HN
8. Location: QtrQtr: NWNW Section: 36 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 08/01/2011 Date of First Production this formation: 08/10/2011
Perforations Top: 7106 Bottom: 10673 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: []
Frac'd the Niobrara w/ 3089769 gals of Silverstim and Slick Water with 4,038,250.1#'s of Ottawa sand.
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 08/15/2011 Hours: 24 Bbls oil: 366 Mcf Gas: 564 Bbls H2O: 281
Calculated 24 hour rate: Bbls oil: 366 Mcf Gas: 564 Bbls H2O: 281 GOR: 1540
Test Method: FLOWING Casing PSI: 1950 Tubing PSI: 1550 Choke Size: 018/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1307 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: 2/17/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400253042	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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