

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

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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 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 05-123-33913-00 6. County: WELD 7. Well Name: Tye USX Well Number: A15-04D 8. Location: QtrQtr: SENW Section: 15 Township: 6N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/17/2011 Date of First Production this formation: 10/21/2011

Perforations Top: 7289 Bottom: 7471 No. Holes: 96 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 270726 gals of Silverstim and Slick Water with 493,200#'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: 11/11/2011 Hours: 24 Bbls oil: 28 Mcf Gas: 76 Bbls H2O: 4 Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 76 Bbls H2O: 4 GOR: 2714 Test Method: FLOWING Casing PSI: 620 Tubing PSI: 0 Choke Size: 016/64 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1346 API Gravity Oil: 54 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: 3/8/2012

Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400259410	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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