

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400263235

Date Received:

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: Liz Lindow
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4386
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32786-00 6. County: WELD
7. Well Name: STINAR C Well Number: 14-28D
8. Location: QtrQtr: NWNE Section: 14 Township: 4N Range: 64W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 12/19/2011 Date of First Production this formation: 12/26/2011
Perforations Top: 6667 Bottom: 6864 No. Holes: 96 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole:
485489 lbs Ottawa sand; 266867 gals vistar/gelled water
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 12/30/2011 Hours: 24 Bbls oil: 43 Mcf Gas: 125 Bbls H2O: 48
Calculated 24 hour rate: Bbls oil: 43 Mcf Gas: 125 Bbls H2O: 48 GOR: 2907
Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6830 Tbg setting date: 02/06/2012 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: Liz Lindow
Title: Regulatory Analyst Date: Email llindow@nobleenergyinc.com

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)