

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400266856

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Cheryl Johnson
Phone: (303) 228-4437
Fax: (303) 228-4286

5. API Number 05-125-12013-00
6. County: YUMA
7. Well Name: Wakefield Trust
Well Number: 14-6
8. Location: QtrQtr: Lot 7 Section: 6 Township: 1S Range: 45W Meridian: 6
9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 12/15/2011	Date of First Production this formation: 12/27/2011
Perforations Top: 2310 Bottom: 2354	No. Holes: 132 Hole size: 0.41
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac: 500 gals 7.5% HCL acid; 29610 gals MAV-3 w/99590# Daniels Sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 12/27/2011 Hours: 24	Bbls oil: 0 Mcf Gas: 107 Bbls H2O: 0
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 107 Bbls H2O: 0 GOR: 0
Test Method: flowing	Casing PSI: 456 Tubing PSI: Choke Size: 0.5
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 990 API Gravity Oil: 0
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Cheryl Johnson

Title: Regulatory Analyst II Date: Email: cheryljohnson@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)