

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 05-123-33669-00
6. County: WELD
7. Well Name: DONALDSON USX
Well Number: EE29-06D
8. Location: QtrQtr: SWNW Section: 29 Township: 7N Range: 65W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 11/03/2011 Date of First Production this formation: 11/08/2011
Perforations Top: 7360 Bottom: 7671 No. Holes: 104 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: [ ]
Frac'd the Niobrara-Codell w/ 271219 gals of Silverstim and Slick Water with 496,280#'s of Ottawa sand.
The Codell is producing through a Composite Flow Through Plug.
Commingled the Niobrara and Codell.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 11/18/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 11 Bbls H2O: 14
Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 11 Bbls H2O: 14 GOR: 733
Test Method: FLOWING Casing PSI: 580 Tubing PSI: 0 Choke Size: 024/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1391 API Gravity Oil: 45
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

**Attachment Check List**

Att Doc Num	Name
400252106	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>

Total: 0 comment(s)