

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



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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 4. Contact Name: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-26512-00 6. County: WELD
 7. Well Name: MCKENNEY Well Number: 14-14
 8. Location: QtrQtr: SENE Section: 14 Township: 6N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/05/2011 Date of First Production this formation: 12/27/2011

Perforations Top: 6850 Bottom: 6861 No. Holes: 44 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Re-Frac'd Codell w/ 124,698 gals of Vistar with 244,116#'s of Ottawa sand. No perfs done to Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/06/2012 Hours: 24 Bbls oil: 9 Mcf Gas: 50 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 50 Bbls H2O: 3 GOR: 5556

Test Method: Flowing Casing PSI: 685 Tubing PSI: 537 Choke Size: 48

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1258 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6839 Tbg setting date: 12/15/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: 3/19/2012 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400262796	FORM 5A SUBMITTED
400262797	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)