

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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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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-32769-00
6. County: WELD
7. Well Name: BOULTER PC G
Well Number: 14-29D
8. Location: QtrQtr: NENW Section: 14 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/26/2011 Date of First Production this formation: 09/27/2011

Perforations Top: 6792 Bottom: 7100 No. Holes: 112 Hole size:

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

Niobrara perms 6792-6901 (48 holes), codell perms 7084-7100 (64 holes).
Frac'd Niobrara and Codell with 267,269 gals of Slick water, vistar, and 15% HCl with 496,580#'s of Ottawa sand.
Commingle codell and niobrara.
Codell producing through composite flow plug.

This formation is commingled with another formation: [X] Yes [] No

Test Information:

Date: 09/30/2011 Hours: 24 Bbls oil: 38 Mcf Gas: 594 Bbls H2O: 22

Calculated 24 hour rate: Bbls oil: 38 Mcf Gas: 594 Bbls H2O: 22 GOR: 15632

Test Method: Flowing Casing PSI: 950 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 57

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: Andrea Rawson

Title: Regulatory Specialist Date: arawson@nobleenergyinc.com

Email
:

Attachment Check List

| Att Doc Num | Name |
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Total Attach: 0 Files

General Comments

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