

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: Cheryl Johnson
Phone: (303) 228-4437
Fax: (303) 228-4286

5. API Number 05-125-12016-00
6. County: YUMA
7. Well Name: Stults
Well Number: 24-4B
8. Location: QtrQtr: SESW Section: 4 Township: 1S Range: 45W Meridian: 6
9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/10/2012 Date of First Production this formation: 02/02/2012

Perforations Top: 2300 Bottom: 2342 No. Holes: 126 Hole size: 0.41

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

Frac: 500 gals 7.5% HCL acid breakdown; 10,000 gals 30% CO2 foamed gel pad; 31,254 gals 33% CO2 foamed gel w/50,100# 16/30 Texas Gold sand and 50,020# 12/20 Texas Gold sand. Flush w/1,497 gals 30% CO2 foamed gel to top perms.

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

Test Information:

Date: 02/02/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 98 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 98 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 450 Tubing PSI: 0 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: [ ] 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: Cheryl Johnson

Title: Regulatory Analyst II Date: 3/28/2012 Email: cheryljohnson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400266058	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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