

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with 4 columns: DE, ET, OE, ES

Document Number: 400269880

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: Liz Lindow
Phone: (303) 228-4342
Fax: (303) 228-4286

5. API Number 05-123-33291-00
6. County: WELD
7. Well Name: CECIL USX
Well Number: AB35-12D
8. Location: QtrQtr: NWSW Section: 35 Township: 7N Range: 64W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/30/2012 Date of First Production this formation: 02/07/2012

Perforations Top: 6876 Bottom: 7176 No. Holes: 100 Hole size: 0

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

273919 gal slick water/vistar; 496526 lbs Ottawa sand

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

Test Information:

Date: 02/24/2012 Hours: 24 Bbls oil: 60 Mcf Gas: 201 Bbls H2O: 13

Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 201 Bbls H2O: 13 GOR: 3350

Test Method: Flowing Casing PSI: 811 Tubing PSI: 405 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1347 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7138 Tbg setting date: 02/13/2012 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: Liz Lindow

Title: Regulatory Analyst Date: Email llindow@noblenenergyinc.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)