

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: Sherri Robbins
Phone: (303) 228-4265
Fax: (303) 228-4286

5. API Number 05-123-32053-00
6. County: WELD
7. Well Name: PETERSON B
Well Number: 10-25
8. Location: QtrQtr: NESW Section: 10 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/06/2011 Date of First Production this formation: 01/04/2012

Perforations Top: 6581 Bottom: 6764 No. Holes: 96 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 275487 gals of Silverstim, Slick Water and 15% HCL with 484,850# 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: 01/13/2012 Hours: 24 Bbls oil: 42 Mcf Gas: 212 Bbls H2O: 4

Calculated 24 hour rate: Bbls oil: 42 Mcf Gas: 212 Bbls H2O: 4 GOR: 5047

Test Method: Flowing Casing PSI: 180 Tubing PSI: 0 Choke Size: 016/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1320 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: Sherri Robbins

Title: Regulatory Manager

Date: 4/9/2012

Email: srobbins@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400265373	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>

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