

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



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Document Number:

400266856

Date Received:

03/30/2012

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: Cheryl Johnson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4437
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-125-12013-00 6. County: YUMA
7. Well Name: Wakefield Trust Well Number: 14-6
8. Location: QtrQtr: Lot 7 Section: 6 Township: 1S Range: 45W Meridian: 6
9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/15/2011</u>	Date of First Production this formation: <u>12/27/2011</u>
Perforations Top: <u>2310</u> Bottom: <u>2354</u>	No. Holes: <u>132</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac: 500 gals 7.5% HCL acid; 29610 gals MAV-3 w/99590# Daniels Sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/27/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>107</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>107</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>flowing</u> Casing PSI: <u>456</u> Tubing PSI: <u></u> Choke Size: <u>0.5</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>990</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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: 3/30/2012 Email: cheryljohnson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400266856	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)