

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

Document Number: 400274438

Date Received: 04/23/2012

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
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 05-123-34031-00
6. County: WELD
7. Well Name: Orr USX
Well Number: A03-15D
8. Location: QtrQtr: NWSE Section: 3 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/30/2011 Date of First Production this formation: 10/03/2011

Perforations Top: 7026 Bottom: 7266 No. Holes: 100 Hole size:

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

Niobrara perms 7026-7171 (48 holes), Codell perms 7253-7266 (52 holes).
Frac'd Niobrara and Codell with 265,902 gals of Slick Water, Silverstim, and 15% HCl with 500,034#'s of Ottawa sand.
Codell producing through composite flow plug.
Commingle Codell and Niobrara.

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

Test Information:

Date: 10/07/2011 Hours: 24 Bbls oil: 116 Mcf Gas: 67 Bbls H2O: 63

Calculated 24 hour rate: Bbls oil: 116 Mcf Gas: 67 Bbls H2O: 63 GOR: 578

Test Method: Flowing Casing PSI: 280 Tubing PSI: 0 Choke Size: 16

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1284 API Gravity Oil: 48

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: 4/23/2012 arawson@nobleenergyinc.com

Email
:

Attachment Check List

Att Doc Num	Name
400274438	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)