

State of Colorado Oil and Gas Conservation Commission



DE ET OE ES

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

COMPLETED INTERVAL REPORT

RECEIVED FEB -9 06 COGCC

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 Julie Acevedo
2. Name of Operator Noble Energy Inc.
3. Address: 1625 Broadway, Suite 2000, Denver, CO 80202 Phone 303.228.4000
City: Denver State: CO Zip 80202 Fax: 303.228.4280
5. API Number 05 - 125 - 09215 6. County Yuma
7. Well Name: Maurice Well Number: 31 - 12
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE, Sec. 12, T1N - R46W, 6th p.m.

Complete the Attachment Checklist

OP OGCC

Table with 2 columns: wellbore diagram, and 2 rows of checkboxes.

FORMATION: Niobrara Status Producing
Treatment Date: 5/26/2005 Date of First Production this formation: 6/7/2005
Perforations Top: 2480' Bottom: 2500' No. Holes 60 Hole size: 0.41"
Provide a brief summary of the formation treatment: Open Hole
Frac: 500 gal 7.5% HCL acid, 6600 gals. 30% CO2 foam gel pad, 17,750 gals. 33% CO2 foam gel, 49,560 lbs. 12/20 CS Sand, ATP: 1064 psi, ATR: 24.0 bpm.
This formation is commingled with another formation
Test Information: Date: 6/7/2005 Hours: 24 Bbls oil: 0 Mcf Gas: 116 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 116 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 390 Tubing PSI: Choke size: 0.500
Gas Disposition: sold Gas Type: Wet Dry BTU Gas: 998 API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeezed Yes No If yes number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

FORMATION: n/a Status
Treatment Date: Date of First Production this formation:
Perforations Top: Bottom: No. Holes Hole size:
Provide a brief summary of the formation treatment: Open Hole
This formation is commingled with another formation
Test Information: Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke size:
Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeezed Yes No If yes number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Julie Acevedo Email: jacevedo@nobleenergyinc.com
Signature: [Signature] Title: Regulatory Manager Date: 2-8-06