

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400138989

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: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-22213-00 6. County: WELD
 7. Well Name: FIECHTNER P Well Number: 18-25
 8. Location: QtrQtr: NESW Section: 18 Township: 3N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 12/06/2010 Date of First Production this formation: 12/21/2010
 Perforations Top: 7210 Bottom: 7219 No. Holes: 36 Hole size: 42
 Provide a brief summary of the formation treatment: Open Hole:
Re-Frac'd Codell w/ 127,092 gals of Vistar with 244,563#'s of Ottawa sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/30/2010 Hours: 24 Bbls oil: 4 Mcf Gas: 34 Bbls H2O: 5
 Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 34 Bbls H2O: 5 GOR: 8500
 Test Method: Flowing Casing PSI: 651 Tubing PSI: 631 Choke Size: 30
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1254 API Gravity Oil: 65
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7197 Tbg setting date: 11/22/2010 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: _____ Email arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
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Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
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