

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



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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 4. Contact Name: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-14840-00 6. County: WELD
 7. Well Name: STATE Well Number: L 16-10
 8. Location: QtrQtr: NWSE Section: 16 Township: 3N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/01/2011 Date of First Production this formation: 12/18/1990

Perforations Top: 7350 Bottom: 7367 No. Holes: 98 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Codell trfrac
Frac'd Codell w/129067 gals Vistar and Slick Water with 244460 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/08/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 156 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 156 Bbls H2O: 1 GOR: 31200

Test Method: Flowing Casing PSI: 600 Tubing PSI: 574 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1275 API Gravity Oil: 0

Tubing Size: 1.66 Tubing Setting Depth: 7335 Tbg setting date: 03/04/2011 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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email JDGarrett@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)