

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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Document Number:

2511197

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: TANIA MCNUTT
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-045-13135-00 6. County: GARFIELD
7. Well Name: COTNER Well Number: 35-14A
8. Location: QtrQtr: SESW Section: 35 Township: 7S Range: 96W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CORCORAN</u>		Status: <u>ABANDONED COMPLETION</u>	
Treatment Date: <u>06/09/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6012</u>	Bottom: <u>6578</u>	No. Holes: <u>0</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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:			
<u>FORMATION WATERING UP</u>			
Date formation Abandoned: <u>06/29/2010</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>5447</u>	Sacks cement on top: <u>2</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: TANIA MCNUTT

Title: REGULATORY ANALYST Date: 9/15/2010 Email TMCNUTT@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 *David S. Neslin*

COGCC Approved: _____ Director of COGCC Date: 10/1/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2511197	FORM 5A SUBMITTED	LF@2544357 2511197

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added top and bottom perms.	10/1/2010 1:35:18 PM

Total: 1 comment(s)