

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

Document Number:

400099857

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 05-123-22246-00 6. County: WELD
 7. Well Name: OCOMA C Well Number: 31-25
 8. Location: QtrQtr: SWSW Section: 31 Township: 4N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 07/15/2010 Date of First Production this formation: 07/25/2004
 Perforations Top: 7099 Bottom: 7112 No. Holes: 52 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Codell refrac
 The Codell is producing through composite flow through plug
 Frac'd Codell w/ 133279 gals Vistar and Acid with 244980 lbs Ottawa sand
 This formation is commingled with another formation: Yes 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:

 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/15/2010 Date of First Production this formation: 07/16/2010

Perforations Top: 6828 Bottom: 7112 No. Holes: 100 Hole size: _____

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

Codell & Niobrara commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/23/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 304 Bbls H2O: 12

Calculated 24 hour rate: _____ Bbls oil: 33 Mcf Gas: 304 Bbls H2O: 12 GOR: 9212

Test Method: Flowing Casing PSI: 625 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1261 API Gravity Oil: 55

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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/15/2010 Date of First Production this formation: 07/16/2010

Perforations Top: 6828 Bottom: 6904 No. Holes: 48 Hole size: 73/100

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

Niobrara recomplete
Frac'd Niobrara w/166950 gals Vistar and Slick Water with 248700 lbs Ottawa sand

This formation is commingled with another formation: Yes 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: _____

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

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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: _____