

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:

400106314

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-11325-00
6. County: WELD
7. Well Name: GOETZEL
Well Number: 1-29
8. Location: QtrQtr: SWNE Section: 29 Township: 6N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>01/28/2009</u>	Date of First Production this formation: <u>02/02/2009</u>
Perforations Top: <u>6898</u> Bottom: <u>7085</u>	No. Holes: <u>168</u> Hole size: <u>41</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac'd Niobrara w/ 172326 gals of Vistar and Slick Water with 250,220#'s of Ottawa sand.</u>	
<u>Commingled Codell / Niobrara</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/20/2009</u> Hours: <u>24</u> Bbls oil: <u>13</u> Mcf Gas: <u>50</u> Bbls H2O: <u>6</u>	
Calculated 24 hour rate: Bbls oil: <u>13</u> Mcf Gas: <u>50</u> Bbls H2O: <u>6</u> GOR: <u>3846</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>510</u> Tubing PSI: <u>415</u> Choke Size: <u>048/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1318</u> API Gravity Oil: <u>54</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email: eroberts@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: _____