

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

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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  
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: NIORARA-CODELL Status: COMMINGLED

Treatment Date: 01/28/2009 Date of First Production this formation: 02/02/2009  
Perforations Top: 6898 Bottom: 7085 No. Holes: 168 Hole size: 41

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac'd Niobrara w/ 172326 gals of Vistar and Slick Water with 250,220#'s of Ottawa sand.

Commingle Codell / Niobrara

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 02/20/2009 Hours: 24 Bbls oil: 13 Mcf Gas: 50 Bbls H2O: 6  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 13 Mcf Gas: 50 Bbls H2O: 6 GOR: 3846  
Test Method: Flowing Casing PSI: 510 Tubing PSI: 415 Choke Size: 048/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1318 API Gravity Oil: 54  
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: 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: \_\_\_\_\_