

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

Document Number:  
2555196

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: ANDREA RAWSON  
Phone: (303) 2284253  
Fax: (303) 2284286

5. API Number 05-123-13770-00  
6. County: WELD  
7. Well Name: OCOMA Well Number: C17-11  
8. Location: QtrQtr: NESW Section: 17 Township: 4N Range: 64W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
Treatment Date: 03/09/2010 Date of First Production this formation:  
Perforations Top: 6944 Bottom: 6958 No. Holes: 56 Hole size:  
Provide a brief summary of the formation treatment: Open Hole:   
SET CODELL SAND PLUG. REMOVED SAND PLUG TO COMMINGLE WITH NBBR  
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: 03/22/2010 Date of First Production this formation: 03/24/2010

Perforations Top: 6664 Bottom: 6958 No. Holes: 120 Hole size: \_\_\_\_\_

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

COMMINGLE CODELL AND NIOBRARA

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 04/01/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 125 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 125 Bbls H2O: 0 GOR: 8333

Test Method: FLOWING Casing PSI: 560 Tubing PSI: 240 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 68

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6923 Tbg setting date: 03/22/2010 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: 03/09/2010 Date of First Production this formation: 03/11/2010

Perforations Top: 6664 Bottom: 6764 No. Holes: 64 Hole size: 71/100

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

RE-FRACD NIOBRARA W/ 169583 GALS OF SLICK WATER, VISTAR AND 15% HCl WITH 249020#S OF OTTAWA SAND.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/19/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 96 Bbls H2O: 4

Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 96 Bbls H2O: 4 GOR: 6000

Test Method: FLOWING Casing PSI: 150 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1033 API Gravity Oil: 68

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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 5/27/2010 Email: ARAWSON@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: David S. Nashin Director of COGCC Date: 11/19/2010

**Attachment Check List**

Att Doc Num	Name
2555196	FORM 5A SUBMITTED

Total Attach: 1 Files