

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:

2555196

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: ANDREA RAWSON
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

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: <u>CODELL</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>03/09/2010</u> | Date of First Production this formation: _____ |
| Perforations Top: <u>6944</u> Bottom: <u>6958</u> | No. Holes: <u>56</u> Hole size: _____ |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>SET CODELL SAND PLUG. REMOVED SAND PLUG TO COMMINGLE WITH NBBR</u> | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____ | |
| 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: _____ | |

| | | | | | |
|--|-----------------------------------|---|-------------------------------------|----------------------------|------------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>03/22/2010</u> | | Date of First Production this formation: <u>03/24/2010</u> | | | |
| Perforations | Top: <u>6664</u> | Bottom: <u>6958</u> | No. Holes: <u>120</u> | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <u>COMMINGLE CODELL AND NIOBRARA</u> | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: <u>04/01/2010</u> | Hours: <u>24</u> | Bbls oil: <u>15</u> | Mcf Gas: <u>125</u> | Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>15</u> | Mcf Gas: <u>125</u> | Bbls H2O: <u>0</u> | GOR: <u>8333</u> |
| Test Method: <u>FLOWING</u> | | Casing PSI: <u>560</u> | Tubing PSI: <u>240</u> | Choke Size: <u>18/64</u> | |
| Gas Disposition: <u>SOLD</u> | | Gas Type: <u>WET</u> | BTU Gas: <u>1300</u> | API Gravity Oil: <u>68</u> | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>6923</u> | Tbg setting date: <u>03/22/2010</u> | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| 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: _____ | | | |

| | | | | | |
|--|-----------------------------|---|-------------------------------------|----------------------------|------------------|
| FORMATION: <u>NIOBRARA</u> | | | Status: <u>COMMINGLED</u> | | |
| Treatment Date: <u>03/09/2010</u> | | Date of First Production this formation: <u>03/11/2010</u> | | | |
| Perforations | Top: <u>6664</u> | Bottom: <u>6764</u> | No. Holes: <u>64</u> | Hole size: <u>71/100</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <u>RE-FRACD NIOBRARA W/ 169583 GALS OF SLICK WATER, VISTAR AND 15% HCl WITH 249020#S OF OTTAWA SAND.</u> | | | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: <u>03/19/2010</u> | Hours: <u>24</u> | Bbls oil: <u>16</u> | Mcf Gas: <u>96</u> | Bbls H2O: <u>4</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>16</u> | Mcf Gas: <u>96</u> | Bbls H2O: <u>4</u> | GOR: <u>6000</u> |
| Test Method: <u>FLOWING</u> | | Casing PSI: <u>150</u> | Tubing PSI: _____ | Choke Size: <u>14/64</u> | |
| Gas Disposition: <u>SOLD</u> | | Gas Type: <u>WET</u> | BTU Gas: <u>1033</u> | API Gravity Oil: <u>68</u> | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---|

| | | | |
|--|------------------------|--|--|
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. | | | |
| Signed: _____ | | Print Name: <u>ANDREA RAWSON</u> | |
| Title: <u>REGULATORY SPECIALIST</u> | Date: <u>5/27/2010</u> | Email: <u>ARAWSON@NOBLEENERGYINC.COM</u> | |

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. Neslin Director of COGCC Date: 11/19/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2555196 | FORM 5A SUBMITTED |

Total Attach: 1 Files