

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

COMPLETED INTERVAL REPORT

Document Number:  
2511820

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) 228-4253  
Fax: (303) 228-4286

5. API Number 05-123-17635-00  
6. County: WELD  
7. Well Name: BERRY Well Number: 8-4L  
8. Location: QtrQtr: NWNW Section: 8 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
Treatment Date: 02/01/2010 Date of First Production this formation:  
Perforations Top: 7176 Bottom: 7186 No. Holes: 20 Hole size: 34/100  
Provide a brief summary of the formation treatment: Open Hole:   
SET CODELL UNDER SAND PLUG AT 7104. REMOVED SAND PLUG TO COMMINGLE  
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: SOLD Gas Type: WET 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 Status: COMMINGLED

Treatment Date: 02/01/2010 Date of First Production this formation: 02/03/2010

Perforations Top: 6900 Bottom: 6976 No. Holes: 128 Hole size: 27/100

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

FRAC'D NIOBRARA W/ 181,597 GALS OF SLICK WATER, VISTAR, AND 15% HCL WITH 248,000#'S OF OTTAWA SAND.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/12/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 127 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 127 Bbls H2O: 8 GOR: 3175

Test Method: FLOWING Casing PSI: 800 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1334 API Gravity Oil: 50

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: 7/15/2010 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. Neslin Director of COGCC Date: 11/23/2010

**Attachment Check List**

Att Doc Num	Name
2511820	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)