

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:

2512774

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: JUSTIN GARRETT
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-29945-00 6. County: WELD
 7. Well Name: OSTER G Well Number: 30-23
 8. Location: QtrQtr: NESE Section: 30 Township: 4N Range: 65W Meridian: 6
 9. Field Name: HAMBERT Field Code: 33530

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 12/15/2009 Date of First Production this formation: 12/17/2009
 Perforations Top: 6989 Bottom: 7296 No. Holes: 132 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
CODELL & NIOBRARA ARE COMMINGLED
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/31/2009 Hours: 24 Bbls oil: 66 Mcf Gas: 867 Bbls H2O: 37
 Calculated 24 hour rate: Bbls oil: 66 Mcf Gas: 867 Bbls H2O: 37 GOR: 13136
 Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 0 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 API Gravity Oil: 63
 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: JUSTIN GARRETT
 Title: REGULATORY SPECIALIST Date: 10/21/2010 Email JDGARRETT@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: 12/2/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)