

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:

2512522

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: JUSTIN GARRETT  
Phone: (303) 228-4449  
Fax: (303) 228-4286

5. API Number 05-123-29234-00  
6. County: WELD  
7. Well Name: OTTOSON I Well Number: 12-12  
8. Location: QtrQtr: NWSW Section: 12 Township: 6N Range: 66W Meridian: 6  
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 03/09/2009 Date of First Production this formation: 06/22/2009  
Perforations Top: 7213 Bottom: 7230 No. Holes: 60 Hole size: 41/100  
Provide a brief summary of the formation treatment: Open Hole:   
FRAC'D CODELL W/ 128032 GALS VISTAR AND SLICK WATER WITH 270000 LBS OTTAWA SAND  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 07/01/2009 Hours: 24 Bbls oil: 5 Mcf Gas: 10 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 10 Bbls H2O: 0 GOR: 2000  
Test Method: FLOWING Casing PSI: 470 Tubing PSI: 450 Choke Size:  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1306 API Gravity Oil: 54  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7190 Tbg setting date: 03/02/2009 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: 8/30/2010 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: 12/6/2010

**Attachment Check List**

Att Doc Num	Name
2512522	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)