

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:

2512209

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 05-123-11280-00  
6. County: WELD  
7. Well Name: BERG Well Number: 1  
8. Location: QtrQtr: NESE Section: 15 Township: 6N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/07/2009 Date of First Production this formation: 09/03/1983

Perforations Top: 7212 Bottom: 7222 No. Holes: 40 Hole size: 41/100

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

CODELL REFRAC & CASING REPAIR

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 02/04/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 34 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 34 Bbls H2O: 0 GOR: 11333

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 420 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7195 Tbg setting date: 12/10/2009 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: 8/9/2010 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: 12/9/2010

**Attachment Check List**

Att Doc Num	Name
2512209	FORM 5A SUBMITTED
2512210	OTHER

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)