

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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Document Number:

400110673

**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  
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 05-123-16738-00  
6. County: WELD  
7. Well Name: BERRY Well Number: 8-3L  
8. Location: QtrQtr: NENW Section: 8 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/07/2010</u>	Date of First Production this formation: <u>03/30/1993</u>
Perforations Top: <u>7130</u> Bottom: <u>7149</u>	No. Holes: <u>96</u> Hole size: <u>28/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell refrac</u> <u>Frac'd Codell w/124588 gals Vistar and Slick Water with 240580 lbs Ottawa sand</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>10/29/2010</u> Hours: <u>24</u> Bbls oil: <u>2</u> Mcf Gas: <u>15</u> Bbls H2O: <u>2</u>	
Calculated 24 hour rate:	Bbls oil: <u>2</u> Mcf Gas: <u>15</u> Bbls H2O: <u>2</u> GOR: <u>7500</u>
Test Method: <u>Flowing</u> Casing PSI: <u>443</u> Tubing PSI: <u>372</u> Choke Size: <u>48/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1358</u> API Gravity Oil: <u>44</u>	
Tubing Size: <u>1.66</u> Tubing Setting Depth: <u>7119</u> Tbg setting date: <u>09/10/2010</u> 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: _____	

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: 11/22/2010 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: 1/18/2011

**Attachment Check List**

Att Doc Num	Name
400110673	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)