

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400164725

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 05-123-13695-00
6. County: WELD
7. Well Name: OCOMA Well Number: G35-15
8. Location: QtrQtr: SWSE Section: 35 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 02/23/2011 Date of First Production this formation: 12/16/1987
Perforations Top: 6900 Bottom: 7122 No. Holes: 143 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell & Niobrara are commingled
Codell 7106'-7122', 70 holes
Niobrara 6900'-6988', 73 holes
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/25/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 147 Bbls H2O: 16
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 147 Bbls H2O: 16 GOR: 14700
Test Method: Flowing Casing PSI: 600 Tubing PSI: 360 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 61
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7085 Tbg setting date: 02/02/2011 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: 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)