

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
----	----	----	----

Document Number:

400203636

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: <u>100322</u>	4. Contact Name: <u>Andrea Rawson</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-17010-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CAMOLO RED</u>	Well Number: <u>D 27-12</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>27</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL	Status: SHUT IN
Treatment Date: 05/18/2011	Date of First Production this formation:
Perforations Top: 7043 Bottom: 7055	No. Holes: 48 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Codell under sand plug @ 7179	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:	
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:	
Test Method: Casing PSI: Tubing PSI: Choke Size:	
Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:	
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:	
Reason for Non-Production:	
Will be commingled at a later date	
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:	

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 05/18/2011	Date of First Production this formation: 05/23/2011
Perforations Top: 6800 Bottom: 6922	No. Holes: 128 Hole size: 0.27
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac Niobrara w/ 149,458 gals of Slick water, Vistar, and 15% HCl with 250,500#'s of Ottawa sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 06/01/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 10 Bbls H2O: 4	
Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 10 Bbls H2O: 4 GOR: 833	
Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 12	
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1318 API Gravity Oil: 53	
Tubing Size: Tubing Setting Depth: Tbg setting date: 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: Andrea Rawson
Title: Regulatory Specialist Date: _____ Email: arawson@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)