

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:

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: 100322

4. Contact Name: Andrea Rawson

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4253

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-17010-00

6. County: WELD

7. Well Name: CAMOLO RED

Well Number: D 27-12

8. Location: QtrQtr: NWSW Section: 27

Township: 3N

Range: 64W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: CODELLStatus: SHUT INTreatment Date: 05/18/2011

Date of First Production this formation: _____

Perforations Top: 7043Bottom: 7055No. Holes: 48

Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐Codell under sand plug @ 7179

This formation is commingled with another formation:



Yes



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: ☐

Yes



No

If yes, number of sacks cmt _____

Bridge Plug Depth: _____

Sacks cement on top: _____

FORMATION: NIOBRARAStatus: PRODUCINGTreatment Date: 05/18/2011Date of First Production this formation: 05/23/2011Perforations Top: 6800Bottom: 6922No. Holes: 128Hole size: 0.27

Provide a brief summary of the formation treatment:

Open Hole: ☐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:



Yes



No

Test Information:Date: 06/01/2011Hours: 24Bbls oil: 12Mcf Gas: 10Bbls H2O: 4

Calculated 24 hour rate:

Bbls oil: 12Mcf Gas: 10Bbls H2O: 4GOR: 833Test Method: FlowingCasing PSI: 200Tubing PSI: 0Choke Size: 12Gas Disposition: SOLDGas Type: WETBTU Gas: 1318API Gravity Oil: 53

Tubing Size: _____

Tubing Setting Depth: _____

Tbg setting date: _____

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: Andrea RawsonTitle: Regulatory SpecialistDate: 9/8/2011arawson@nobleenergyinc.com

Email
:

Attachment Check List

Att Doc Num	Name
400203636	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)