

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:

400233259

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/15/2011 Date of First Production this formation: 06/16/2011

Perforations Top: 6800 Bottom: 7055 No. Holes: 176 Hole size:

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

Commingled Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/24/2011 Hours: 24 Bbls oil: 13 Mcf Gas: 64 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 64 Bbls H2O: 5 GOR: 4923

Test Method: Flowing Casing PSI: 520 Tubing PSI: 300 Choke Size: 20

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1331 API Gravity Oil: 53

Tubing Size: 2 + 1/16 Tubing Setting Depth: 6997 Tbg setting date: 06/10/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: 12/16/2011 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400233259	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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