

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-123-15530-00
6. County: WELD
7. Well Name: ODLE
Well Number: BB19-11
8. Location: QtrQtr: NESW Section: 19 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 09/29/2011 Date of First Production this formation: 12/13/2011
Perforations Top: 6587 Bottom: 6599 No. Holes: 48 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Tri-Frac'd codell w/ 127,344 gals of Slick Water and Vistar with 241,332#'s of Ottawa sand.
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/23/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 12 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 12 Bbls H2O: 0 GOR: 12000
Test Method: Flowing Casing PSI: 950 Tubing PSI: 840 Choke Size: 48
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1322 API Gravity Oil: 52
Tubing Size: 1 + 1/2 Tubing Setting Depth: 6561 Tbg setting date: 10/06/2011 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: 3/7/2012 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400259203	FORM 5A SUBMITTED
400259221	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)