

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:

400233259

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

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| FORMATION: <u>NIOBRARA-CODELL</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>06/15/2011</u> | | Date of First Production this formation: <u>06/16/2011</u> | |
| Perforations | Top: <u>6800</u> Bottom: <u>7055</u> | No. Holes: <u>176</u> | Hole size: <u></u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <u>Commingled Codell and Niobrara.</u> | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: <u>06/24/2011</u> | Hours: <u>24</u> | Bbls oil: <u>13</u> | Mcf Gas: <u>64</u> Bbls H2O: <u>5</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>13</u> | Mcf Gas: <u>64</u> Bbls H2O: <u>5</u> GOR: <u>4923</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>520</u> | Tubing PSI: <u>300</u> | Choke Size: <u>20</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1331</u> | API Gravity Oil: <u>53</u> |
| Tubing Size: <u>2 + 1/16</u> | Tubing Setting Depth: <u>6997</u> | Tbg setting date: <u>06/10/2011</u> | Packer Depth: <u></u> |
| Reason for Non-Production: <u></u> | | | |
| Date formation Abandoned: <u></u> | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt <u></u> |
| Bridge Plug Depth: <u></u> | | Sacks cement on top: <u></u> | |

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

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)