

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:

400100436

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: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-16281-00 6. County: WELD
 7. Well Name: CANNON RED W Well Number: 3-16
 8. Location: QtrQtr: SESE Section: 3 Township: 2N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 05/21/2010 Date of First Production this formation: 12/08/1992
 Perforations Top: 7464 Bottom: 7479 No. Holes: 104 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

Codell Trifrac
Frac'd Codell w/ 126000 gals Vistar and Slick Water with 245540 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/12/2010 Hours: 24 Bbls oil: 77 Mcf Gas: 359 Bbls H2O: 5
 Calculated 24 hour rate: Bbls oil: 77 Mcf Gas: 359 Bbls H2O: 5 GOR: 4662
 Test Method: Flowing Casing PSI: 560 Tubing PSI: 430 Choke Size: 32/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 48
 Tubing Size: 1 + 1/4 Tubing Setting Depth: 7453 Tbg setting date: 05/26/2010 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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@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: _____