

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:

2555601

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 05-123-26525-00 6. County: WELD
 7. Well Name: BERNHARDT O Well Number: 12-19
 8. Location: QtrQtr: NENW Section: 12 Township: 4N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 03/16/2010 Date of First Production this formation: 03/29/2010
 Perforations Top: 7342 Bottom: 7362 No. Holes: 80 Hole size: 42/100
 Provide a brief summary of the formation treatment: Open Hole:
RE-FRAC'D CODELL W/ 134,336 GALS OF SLICK WATER AND VISTAR WITH 245,000#'S OF OTTAWA SAND.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/09/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 65 Bbls H2O: 1
 Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 65 Bbls H2O: 1 GOR: 65000
 Test Method: FLOWING Casing PSI: 408 Tubing PSI: 380 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1321 API Gravity Oil: 65
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7327 Tbg setting date: 03/23/2010 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: ANDREA RAWSON
 Title: REGULATORY SPECIALIST Date: 6/7/2010 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: _____

David S. Neslin

Director of COGCC

Date: 11/23/2010

Attachment Check List

Att Doc Num	Name
2555601	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)