

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:

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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 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 05-123-16738-00 6. County: WELD  
7. Well Name: BERRY Well Number: 8-3L  
8. Location: QtrQtr: NENW Section: 8 Township: 3N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 09/07/2010 Date of First Production this formation: 03/30/1993  
Perforations Top: 7130 Bottom: 7149 No. Holes: 96 Hole size: 28/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  

Codell refrac  
Frac'd Codell w/124588 gals Vistar and Slick Water with 240580 lbs Ottawa sand

  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/29/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 15 Bbls H2O: 2  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 2 Mcf Gas: 15 Bbls H2O: 2 GOR: 7500  
Test Method: Flowing Casing PSI: 443 Tubing PSI: 372 Choke Size: 48/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1358 API Gravity Oil: 44  
Tubing Size: 1.66 Tubing Setting Depth: 7119 Tbg setting date: 09/10/2010 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: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)