

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:

2511762

**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: (720) 2284449  
3. Address: 1625 BROADWAY STE 2200 Fax: (720) 2284286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30087-00 6. County: WELD  
7. Well Name: FOOS C Well Number: 11-32  
8. Location: QtrQtr: NWSW Section: 11 Township: 4N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/01/2010</u>	Date of First Production this formation: <u>03/05/2010</u>
Perforations Top: <u>6762</u> Bottom: <u>6773</u>	No. Holes: <u>44</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>FRAC'D CODELL W/ 133812 GALS OF SILVERSTIM, ACID, AND SLICKWATER WITH 271015LBS OF OTTAWA SAND</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>03/01/2010</u>		Date of First Production this formation: <u>03/05/2010</u>			
Perforations	Top: <u>6492</u>	Bottom: <u>6773</u>	No. Holes: <u>116</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
CODELL & NIOBRARA ARE COMMINGLED					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>03/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>51</u>	Mcf Gas: <u>439</u>	Bbls H2O: <u>12</u>	
Calculated 24 hour rate:		Bbls oil: <u>51</u>	Mcf Gas: <u>439</u>	Bbls H2O: <u>12</u>	GOR: <u>8608</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>900</u>	Tubing PSI: <u>640</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1331</u>	API Gravity Oil: <u>55</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6740</u>	Tbg setting date: <u>03/04/2010</u>	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>03/01/2010</u>		Date of First Production this formation: <u>03/05/2010</u>			
Perforations	Top: <u>6492</u>	Bottom: <u>6660</u>	No. Holes: <u>72</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
FRAC'D NIOBRARA W/ 271446 GALS OF SILVERSTIM, ACID, AND SLICK WATER WITH 406594 LBS OF OTTAWA SAND					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 7/26/2010 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: David S. Neslin Director of COGCC Date: 11/29/2010

**Attachment Check List**

Att Doc Num	Name
2511762	FORM 5A SUBMITTED
2511763	OPERATIONS SUMMARY

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)