

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:

400106314

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-11325-00
6. County: WELD
7. Well Name: GOETZEL Well Number: 1-29
8. Location: QtrQtr: SWNE Section: 29 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 01/28/2009 Date of First Production this formation: 02/02/2009
Perforations Top: 6898 Bottom: 7085 No. Holes: 168 Hole size: 41
Provide a brief summary of the formation treatment: Open Hole:
Frac'd Niobrara w/ 172326 gals of Vistar and Slick Water with 250,220#'s of Ottawa sand.
Comingle Codell / Niobrara
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/20/2009 Hours: 24 Bbls oil: 13 Mcf Gas: 50 Bbls H2O: 6
Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 50 Bbls H2O: 6 GOR: 3846
Test Method: Flowing Casing PSI: 510 Tubing PSI: 415 Choke Size: 048/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1318 API Gravity Oil: 54
Tubing Size: Tubing Setting Depth: Tbg setting date: 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: Eileen Roberts

Title: Regulatory Specialist Date: 11/4/2010 Email: eroberts@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: 1/13/2011

Attachment Check List

Att Doc Num	Name
400106314	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)