

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:

400126844

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 05-123-15967-00 6. County: WELD  
 7. Well Name: GOLLNER Well Number: O 27-02  
 8. Location: QtrQtr: NWNE Section: 27 Township: 4N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING  
 Treatment Date: 10/20/2010 Date of First Production this formation: 12/07/2010  
 Perforations Top: 7258 Bottom: 7277 No. Holes: 80 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: Open Hole:   
Tri-Frac'd Codell w/ 128,948 gals of Slick Water and Vistar with 245,160#'s of Ottawa sand.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 12/17/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 100 Bbls H2O: 2  
 Calculated 24 hour rate: Bbls oil: 11 Mcf Gas: 100 Bbls H2O: 2 GOR: 9090  
 Test Method: Flowing Casing PSI: 593 Tubing PSI: 216 Choke Size: 64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1317 API Gravity Oil: 57  
 Tubing Size: 2 + 1/16 Tubing Setting Depth: 7230 Tbg setting date: 12/01/2010 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: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)