

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:

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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 05-123-15626-00 6. County: WELD
7. Well Name: OCOMA Well Number: G25-23
8. Location: QtrQtr: CSE Section: 25 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 10/04/2010 Date of First Production this formation: 10/04/2010
Perforations Top: 6816 Bottom: 7112 No. Holes: 168 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Commingled Codell and Niobrara.
This formation is commingled with another formation: Yes No
Test Information:
Date: 10/12/2010 Hours: 24 Bbls oil: 6 Mcf Gas: 62 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 62 Bbls H2O: 4 GOR: 10333
Test Method: Flowing Casing PSI: 700 Tubing PSI: 580 Choke Size: 32
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1300 API Gravity Oil: 65
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7071 Tbg setting date: 09/28/2010 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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)