

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400156865

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

5. API Number 05-123-32531-00 6. County: WELD
7. Well Name: Betz PC Well Number: G10-33D
8. Location: QtrQtr: SESE Section: 9 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/09/2011</u>	Date of First Production this formation: <u>02/25/2011</u>
Perforations Top: <u>6947</u> Bottom: <u>7261</u>	No. Holes: <u>112</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac'd Niobrara-Codell w/ 268883 gals of Silverstim and Slick Water with 485,000#'s of Ottawa sand.</u>	
<u>Tha Codell is producing through a Composite Flow Through Plug.</u>	
<u>Commingled the Niobrara and Codell.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/02/2011</u> Hours: <u>10</u> Bbls oil: <u>7</u> Mcf Gas: <u>144</u> Bbls H2O: <u>8</u>	
Calculated 24 hour rate:	Bbls oil: <u>7</u> Mcf Gas: <u>144</u> Bbls H2O: <u>8</u> GOR: <u>20571</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>500</u> Tubing PSI: <u>0</u> Choke Size: <u>014/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1206</u> API Gravity Oil: <u>52</u>	
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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

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: _____

Director of COGCC

Date: _____

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)