

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:

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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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-21203-00
6. County: WELD
7. Well Name: GOLDBERG N
Well Number: 14-11
8. Location: QtrQtr: NESW Section: 14 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL	Status: PRODUCING
Treatment Date: 09/15/2011	Date of First Production this formation: 10/24/2011
Perforations Top: 7164 Bottom: 7184	No. Holes: 80 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Re-Frac'd Codell w/ 129,662 gals of Slick Water and Vistar with 240,000#'s of Ottawa sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 10/28/2011 Hours: 24	Bbls oil: 7 Mcf Gas: 97 Bbls H2O: 1
Calculated 24 hour rate:	Bbls oil: 7 Mcf Gas: 97 Bbls H2O: 1 GOR: 13857
Test Method: Flowing	Casing PSI: 653 Tubing PSI: 427 Choke Size: 16
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1251 API Gravity Oil: 55
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7139 Tbg setting date: 09/21/2011 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: 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

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

Total: 0 comment(s)