

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:

400102705

**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: Justin Garrett  
Phone: (303) 228-4449  
Fax: (303) 228-4286

5. API Number 05-123-16247-00  
6. County: WELD  
7. Well Name: KARCH BLUE  
Well Number: D 25-07  
8. Location: QtrQtr: SWNE Section: 25 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 05/27/2010 Date of First Production this formation: 11/04/1992  
Perforations Top: 6844 Bottom: 6857 No. Holes: 92 Hole size: 27/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Codell refrac  
Frac'd Codell w/127932 gals Vistar and Slick Water with 239421 lbs Ottawa sand

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 09/24/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 7 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 7 Bbls H2O: 0 GOR: 2333  
Test Method: Flowing Casing PSI: 1020 Tubing PSI: 880 Choke Size: 38/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1309 API Gravity Oil: 44  
Tubing Size: 2 + 1/16 Tubing Setting Depth: 6817 Tbg setting date: 06/03/2010 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: Justin Garrett

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email: JDGarrett@nobleenergyinc.com

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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: \_\_\_\_\_