

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:

2509148

**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: JENNIFER BARNETT  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-125-11800-00 6. County: YUMA  
7. Well Name: KB Trust Well Number: 22-25  
8. Location: QtrQtr: SENW Section: 25 Township: 1S Range: 45W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 05/12/2010 Date of First Production this formation: 06/03/2010  
Perforations Top: 2244 Bottom: 2280 No. Holes: 108 Hole size: 40/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
FRAC: 500 GALS 7.5% HCL ACID BREAKDOWN, 10,000 GALS 30% CO2 FOAM GEL PADS, 32,728 GALS 30% CO2 FOAM GEL, CARRYING 50,020 LBS 16/30 DANIELS & 50,000 LBS 12/20 DANIELS SAND, AVG PSI: 948 PSI, AVG. FL. RATE: 16.5 BPM.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 06/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 120 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 120 Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 440 Tubing PSI: \_\_\_\_\_ Choke Size: 50/100  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 API Gravity Oil: \_\_\_\_\_  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: JENNIFER BARNETT  
Title: REGULATORY ANALYST Date: 7/7/2010 Email: JBARNETT@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: David S. Neslin Director of COGCC Date: 11/1/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2509148	FORM 5A SUBMITTED	LF@2514706 2509148

Total Attach: 1 Files