

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

COMPLETED INTERVAL REPORT

Document Number:

2555597

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 05-123-17994-00  
6. County: WELD  
7. Well Name: KORI Well Number: J 19-10  
8. Location: QtrQtr: NWSE Section: 19 Township: 5N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 02/19/2010 Date of First Production this formation: 03/29/2010  
Perforations Top: 7507 Bottom: 7524 No. Holes: 69 Hole size:  
Provide a brief summary of the formation treatment: Open Hole:   
TRI-FRAC'D CODELL W/ 128,730 GALS OF VISTAR WITH 243,275#S OTTAWA SAND.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 04/09/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 101 Bbls H2O: 3  
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 101 Bbls H2O: 3 GOR: 33666  
Test Method: FLOWING Casing PSI: 280 Tubing PSI: 270 Choke Size: 48/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 API Gravity Oil: 63  
Tubing Size: 2 + 1/16 Tubing Setting Depth: 7492 Tbg setting date: 02/23/2010 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: 6/7/2010 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: David S. Neslin Director of COGCC Date: 11/23/2010

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 2555597     | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)