

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:  
400101419

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 05-123-18038-00  
6. County: WELD  
7. Well Name: MONFORT GILCREST K Well Number: 8-9  
8. Location: QtrQtr: NESE Section: 8 Township: 4N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 07/30/2010 Date of First Production this formation: 03/29/1994  
Perforations Top: 7203 Bottom: 7218 No. Holes: 100 Hole size: 41/100  
Provide a brief summary of the formation treatment: Open Hole:   
Codell refrac  
Frac'd Codell w/ 132888 gals pHaserFrac and Slick Water with 245000 lbs Ottawa sand  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 08/13/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 100 Bbls H2O: 2  
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 100 Bbls H2O: 2 GOR: 20000  
Test Method: Flowing Casing PSI: 480 Tubing PSI: 440 Choke Size: 32/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1229 API Gravity Oil: 60  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7179 Tbg setting date: 08/04/2010 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: 10/18/2010 Email: JDGarrett@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: 12/30/2010

**Attachment Check List**

Att Doc Num	Name
400101419	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)