

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:

400101419

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 05-123-18038-00
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: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/30/2010</u>	Date of First Production this formation: <u>03/29/1994</u>
Perforations Top: <u>7203</u> Bottom: <u>7218</u>	No. Holes: <u>100</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell refrac</u> <u>Frac'd Codell w/ 132888 gals pHaserFrac and Slick Water with 245000 lbs Ottawa sand</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/13/2010</u> Hours: <u>24</u> Bbls oil: <u>5</u> Mcf Gas: <u>100</u> Bbls H2O: <u>2</u>	
Calculated 24 hour rate:	Bbls oil: <u>5</u> Mcf Gas: <u>100</u> Bbls H2O: <u>2</u> GOR: <u>20000</u>
Test Method: <u>Flowing</u> Casing PSI: <u>480</u> Tubing PSI: <u>440</u> Choke Size: <u>32/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1229</u> API Gravity Oil: <u>60</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7179</u> Tbg setting date: <u>08/04/2010</u> 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: 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

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Total: 0 comment(s)