

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: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/27/2010</u>	Date of First Production this formation: <u>11/04/1992</u>
Perforations Top: <u>6844</u> Bottom: <u>6857</u>	No. Holes: <u>92</u> Hole size: <u>27/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell refrac</u> <u>Frac'd Codell w/127932 gals Vistar and Slick Water with 239421 lbs Ottawa sand</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>09/24/2010</u> Hours: <u>24</u>	Bbls oil: <u>3</u> Mcf Gas: <u>7</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>3</u> Mcf Gas: <u>7</u> Bbls H2O: <u>0</u> GOR: <u>2333</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1020</u> Tubing PSI: <u>880</u> Choke Size: <u>38/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1309</u> API Gravity Oil: <u>44</u>
Tubing Size: <u>2 + 1/16</u> Tubing Setting Depth: <u>6817</u>	Tbg setting date: <u>06/03/2010</u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>	Sacks cement on top: <u></u>

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: 10/21/2010 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: 1/13/2011

Attachment Check List

Att Doc Num	Name
400102705	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)