

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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COMPLETED INTERVAL REPORT

Document Number:

400102731

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: Justin Garrett  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-11089-00 6. County: WELD  
 7. Well Name: MONFORT GILCREST K Well Number: 8-10  
 8. Location: QtrQtr: NWSE Section: 8 Township: 4N Range: 66W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 07/23/2010 Date of First Production this formation: 04/20/1983

Perforations Top: 7223 Bottom: 7238 No. Holes: 80 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole:

Codell refrac  
Frac'd Codell w/128428 gals pHaserFrac with 245000 lbs Ottawa sand

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 08/13/2010 Hours: 24 Bbls oil: 4 Mcf Gas: 89 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 89 Bbls H2O: 2 GOR: 22250

Test Method: Flowing Casing PSI: 375 Tubing PSI: 410 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1229 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7207 Tbg setting date: 07/27/2010 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: 10/21/2010 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
400102731	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)