

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:
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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 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 05-123-25061-00 6. County: WELD
 7. Well Name: KARAKAKES Well Number: H 13-20
 8. Location: QtrQtr: NWSW Section: 13 Township: 3N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORBARA-CODELL Status: PRODUCING

Treatment Date: 07/05/2011 Date of First Production this formation: 08/09/2007

Perforations Top: 6846 Bottom: 7141 No. Holes: 176 Hole size: _____

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

Niobrara & Codell are commingled
Codell refrac
Codell 7129'-7141', 48 holes
Frac'd Codell w/127355 gals Vistar and Slick Water with 245300 lbs Ottawa sand
Niobrara 6846'-6908', 128 holes
Nothing new happened in Niobrara during Codell refrac

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/08/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 110 Bbls H2O: 10

Calculated 24 hour rate: _____ Bbls oil: 9 Mcf Gas: 110 Bbls H2O: 10 GOR: 12222

Test Method: Flowing Casing PSI: 627 Tubing PSI: 333 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1261 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7118 Tbg setting date: 06/29/2011 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: _____ JDGarrett@nobleenergyinc.com

Email
:

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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)