

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:

400197319

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: NIORRARA-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

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400197319	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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