

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

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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 2. Name of Operator: NOBLE ENERGY INC 3. Address: 1625 BROADWAY STE 2200 AT City: DENVER State: CO Zip: 80202 4. Contact Name: ANDREA RAWSON Phone: (281) 876-6105 Fax: (281) 876-2503 Email:

5. API Number 05-123-29852-00 6. County: WELD 7. Well Name: ZABKA K Well Number: 20-17 8. Location: QtrQtr: SENE Section: 20 Township: 4N Range: 66W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 6944 Bottom: 7264 No. Holes: 140 Hole size: Provide a brief summary of the formation treatment: Open Hole:

COMMINGLE NBRR & CODL. This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information: Date: 09/11/2009 Hours: 24 Bbl oil: 14 Mcf Gas: 149 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 149 Bbl H2O: 0 GOR: 10643 Test Method: FLOWING Casing PSI: 620 Tubing PSI: Choke Size: 10/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1261 API Gravity Oil: 64 Tubing Size: Tubing Setting Depth: Tbg setting date: 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: \*\* Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y

Print Name: ANDREA RAWSON

Title: REG SPEC

Date: 10/7/2009

Email: ARAWSON@NOBLEENERGYINC.COM

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### Attachment Check List

**Att Doc Num**      **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

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