

COMPLETED INTERVAL REPORT

Document Number:
401896887

Date Received:

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: <u>100322</u>	4. Contact Name: <u>LOGAN BOUGHAL</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(832) 6397447</u>
3. Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	Email: <u>LOGAN.BOUGHAL@NBLENERGY.COM</u>

5. API Number <u>05-123-26657-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>TREBOR B</u>	Well Number: <u>11-25</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>11</u> Township: <u>5N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>KERSEY</u> Field Code: <u>44600</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>02/12/2008</u>	End Date: <u>02/12/2008</u>	Date of First Production this formation: <u>02/13/2008</u>
Perforations Top: <u>6710</u>	Bottom: <u>6722</u>	No. Holes: <u>48</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/>	
Reason why green completion not utilized: _____		

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <input style="width:100%;" type="text"/>				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.		

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/12/2008 End Date: 02/12/2008 Date of First Production this formation: 02/13/2008

Perforations Top: 6434 Bottom: 6722 No. Holes: 176 Hole size: _____

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

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/12/2008 End Date: 02/12/2008 Date of First Production this formation: 02/13/2008

Perforations Top: 6434 Bottom: 6550 No. Holes: 128 Hole size: 0.42

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

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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: THIS 5A IS TO CORRECT THE NIOBRARA PERFS, WHICH WERE REPORTED INCORRECTLY ON PREVIOUS FILINGS.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. Signed: _____ Print Name: LOGAN BOUGHAL Title: REGULATORY ANALYST II Date: _____ Email: LOGAN.BOUGHAL@NBLENERGY.COM

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 401896888, WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: (empty), (empty), Stamp Upon Approval

Total: 0 comment(s)