

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:

400102752

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 05-123-11285-00 6. County: WELD
7. Well Name: MONFORT GILCREST K Well Number: 9-13
8. Location: QtrQtr: SWSW Section: 9 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 07/19/2010 Date of First Production this formation: 09/05/1983
Perforations Top: 7248 Bottom: 7262 No. Holes: 69 Hole size: 41/100

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

Codell refrac
Frac'd Codell w/123724 gals Vistar with 244820 lbs Ottawa sand

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 07/26/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 177 Bbls H2O: 6
Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 177 Bbls H2O: 6 GOR: 25286
Test Method: Flowing Casing PSI: 450 Tubing PSI: 430 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 63
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7229 Tbg setting date: 07/22/2010 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: _____

Email: JDGarrett@nobleenergyinc.com

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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: _____