

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 05-123-11291-00 6. County: WELD  
7. Well Name: MONFORT GILCREST K Well Number: 8-16  
8. Location: QtrQtr: SESE Section: 8 Township: 4N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>08/10/2010</u>		Date of First Production this formation: <u>09/05/1983</u>	
Perforations	Top: <u>7218</u>	Bottom: <u>7234</u>	No. Holes: <u>84</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Codell refrac &amp; casing repair Frac'd Codell w/128113 gals Vistar and Slick Water with 241000 lbs Ottawa sand</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls 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: <div></div>			
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: _____	

FORMATION: NIOBRARA-CODELL				Status: PRODUCING			
Treatment Date: 08/10/2010		Date of First Production this formation: 08/08/1985					
Perforations	Top: 6944	Bottom: 7234	No. Holes: 95	Hole size:			
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>				
Codell refrac & Casing repair; nothing new happened in Niobrara Codell & Niobrara are commingled							
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>							
Date: 09/03/2010	Hours: 24	Bbls oil: 3	Mcf Gas: 42	Bbls H2O: 7			
Calculated 24 hour rate:		Bbls oil: 3	Mcf Gas: 42	Bbls H2O: 7	GOR: 14000		
Test Method: Flowing		Casing PSI: 570	Tubing PSI: 495	Choke Size: 32/64			
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1261	API Gravity Oil: 63			
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7206	Tbg setting date: 08/13/2010		Packer Depth:			
Reason for Non-Production: <div></div>							
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:					

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

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)