

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2509184

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, reoperation 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: ANDREA RAWSON
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-21538-00 6. County: WELD
 7. Well Name: POWERS Well Number: 41-27
 8. Location: QtrQtr: NENE Section: 27 Township: 2N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 10/13/2006 Date of First Production this formation: 10/14/2006
 Perforations Top: 7234 Bottom: 7253 No. Holes: 76 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
FRAC'D CODELL W/128,465 GALS OF VISTAR WITH 22# GEL LOADINGS AND 272,528#S OF OTTAWA SAND.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/07/2006 Hours: 24 Bbls oil: 2 Mcf Gas: 6 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 6 Bbls H2O: 0 GOR: 3000
 Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 350 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1202 API Gravity Oil: 54
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7240 Tbg setting date: 10/03/2006 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: ANDREA RAWSON
 Title: REGULATORY Date: 6/21/2010 Email ARAWSON@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: David S. Neslin Director of COGCC Date: 12/1/2010

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)