

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

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: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/13/2006</u>	Date of First Production this formation: <u>10/14/2006</u>
Perforations Top: <u>7234</u> Bottom: <u>7253</u>	No. Holes: <u>76</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>FRAC'D CODELL W/128,465 GALS OF VISTAR WITH 22# GEL LOADINGS AND 272,528#S OF OTTAWA SAND.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/07/2006</u> Hours: <u>24</u> Bbls oil: <u>2</u> Mcf Gas: <u>6</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>2</u> Mcf Gas: <u>6</u> Bbls H2O: <u>0</u> GOR: <u>3000</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>1150</u> Tubing PSI: <u>350</u> Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1202</u> API Gravity Oil: <u>54</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7240</u> Tbg setting date: <u>10/03/2006</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: 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 G. 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)