

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:

2512559

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 05-123-27296-00 6. County: WELD
7. Well Name: KODAK Well Number: 34-41
8. Location: QtrQtr: NESE Section: 34 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 08/19/2010 Date of First Production this formation: 11/28/2007
Perforations Top: 7100 Bottom: 7122 No. Holes: 88 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole: ☐
CODELL RE-FRAC W/ 131832 GALS VISTAR AND SLICK WATER WITH 244240 LBS OTTAWA SAND
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/07/2010 Hours: 24 Bbls oil: 35 Mcf Gas: 56 Bbls H2O: 4
Calculated 24 hour rate: Bbls oil: 35 Mcf Gas: 56 Bbls H2O: 4 GOR: 1600
Test Method: FLOWING Casing PSI: 567 Tubing PSI: 220 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1358 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7080 Tbg setting date: 05/12/2010 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: 8/19/2010 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: _____

David G. Neslin
Director of COGCC

Date: 12/14/2010

Attachment Check List

Att Doc Num	Name
2512559	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)