

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:

400119273

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: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-31699-00 6. County: WELD
 7. Well Name: Kerbs T Well Number: 13-01
 8. Location: QtrQtr: NENE Section: 13 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 11/10/2010 Date of First Production this formation: 11/22/2010
 Perforations Top: 7225 Bottom: 7244 No. Holes: 76 Hole size: 41/100
 Provide a brief summary of the formation treatment: Open Hole:
 Frac'd the Codell w/ 130368 gals of Vistar and Slick Water with 266,840#'s of Ottawa sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/03/2010 Hours: 24 Bbls oil: 63 Mcf Gas: 105 Bbls H2O: 29
 Calculated 24 hour rate: Bbls oil: 63 Mcf Gas: 105 Bbls H2O: 29 GOR: 1666
 Test Method: Flowing Casing PSI: 160 Tubing PSI: 0 Choke Size: 012/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 API Gravity Oil: 60
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: Eileen Roberts
Title: Regulatory Specialist Date: 12/28/2010 Email eroberts@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: 1/28/2011

Attachment Check List

Att Doc Num	Name
400119273	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)