

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

Document Number:
400140132

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-31697-00
6. County: WELD
7. Well Name: Kerbs T Well Number: 13-02
8. Location: QtrQtr: NWNE Section: 13 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 11/15/2010 Date of First Production this formation: 11/29/2010
Perforations Top: 7232 Bottom: 7251 No. Holes: 76 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole:
Frac'd Codell w/ 129696 gals of Vistar and Slick Water with 266,000#'s of Ottawa sand.
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/10/2010 Hours: 24 Bbls oil: 22 Mcf Gas: 26 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 22 Mcf Gas: 26 Bbls H2O: 0 GOR: 1181
Test Method: FLOWING Casing PSI: 275 Tubing PSI: 0 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1314 API Gravity Oil: 47
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: 3/8/2011 Email eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400140132	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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