

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

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.

Document Number:

2555226

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) 2284253
Fax: (303) 2284286

5. API Number 05-123-16609-00
6. County: WELD
7. Well Name: LORENZ FARMS
Well Number: 22-6B
8. Location: QtrQtr: SENW Section: 22 Township: 5N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING
Treatment Date: 02/20/2010 Date of First Production this formation: 03/10/2010
Perforations Top: 6678 Bottom: 6994 No. Holes: 106 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
COMMINGLED CODELL AND NIOBARRA
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/19/2010 Hours: 24 Bbls oil: 23 Mcf Gas: 140 Bbls H2O: 6
Calculated 24 hour rate: _____ Bbls oil: 23 Mcf Gas: 140 Bbls H2O: 6 GOR: 6086
Test Method: FLOWING Casing PSI: 400 Tubing PSI: 280 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1302 API Gravity Oil: 62
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6965 Tbg setting date: 02/20/2010 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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 5/27/2010 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: 11/19/2010

Attachment Check List

Att Doc Num	Name
2555226	FORM 5A SUBMITTED

Total Attach: 1 Files