

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:

400107617

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 05-123-11880-00 6. County: WELD
 7. Well Name: LOUSTALET Well Number: 30-1
 8. Location: QtrQtr: NWNE Section: 30 Township: 4N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 09/07/2010 Date of First Production this formation: 08/29/1984
 Perforations Top: 7122 Bottom: 7136 No. Holes: 40 Hole size: _____
 Provide a brief summary of the formation treatment: Open Hole:
Codell under sand plug 9/9/10 for Niobrara recomplete; removed 9/25/10.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/07/2010 Date of First Production this formation: 09/09/2010

Perforations Top: 6844 Bottom: 7136 No. Holes: 104 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Niobrara recomplete
Niobrara and Codell are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/29/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 73 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 73 Bbls H2O: 5 GOR: 6083

Test Method: Flowing Casing PSI: 500 Tubing PSI: 400 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1287 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7102 Tbg setting date: 09/23/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 09/07/2010 Date of First Production this formation: 09/09/2010

Perforations Top: 6844 Bottom: 6936 No. Holes: 64 Hole size: 70/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Niobrara recomplete
Frac'd Niobrara w/1729114 gals pHaserFrac, Acid, and Slick Water with 247863 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/14/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 118 Bbls H2O: 27

Calculated 24 hour rate: Bbls oil: 11 Mcf Gas: 118 Bbls H2O: 27 GOR: 10727

Test Method: Flowing Casing PSI: 220 Tubing PSI: 0 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1288 API Gravity Oil: 59

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: Justin Garrett

Title: Regulatory Specialist Date: 11/10/2010 Email JDGarrett@nobleenergyinc.com
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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: 1/10/2011

Attachment Check List

Att Doc Num	Name
400107617	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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

Total: 0 comment(s)