

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:
400107638

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-17175-00
6. County: WELD
7. Well Name: LOWER LATHAM
Well Number: 2-6G
8. Location: QtrQtr: NWSE Section: 2 Township: 4N Range: 65W 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: 09/06/1993

Perforations Top: 7430 Bottom: 7442 No. Holes: 105 Hole size: 27/100

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

Codell under sand plug 8/23/10 7288'-7581' for Niobrara refrac; removed 9/26/10

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: 150 Tubing PSI: 0 Choke Size:

Gas Disposition: SOLD Gas Type: WET 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: 09/06/1993

Perforations Top: 7106 Bottom: 7442 No. Holes: 239 Hole size: _____

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

Codell & Niobrara are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/15/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 100 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 11 Mcf Gas: 100 Bbls H2O: 4 GOR: 9091

Test Method: Flowing Casing PSI: 700 Tubing PSI: 300 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1294 API Gravity Oil: 56

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7396 Tbg setting date: 09/21/2010 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: 09/06/1993

Perforations Top: 7106 Bottom: 7248 No. Holes: 134 Hole size: 27/100

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

Niobrara refrac
Frac'd Niobrara w/176157 gals pHaserFrac, Acid, and Slick Water with 250340 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/14/2010 Hours: 24 Bbls oil: 20 Mcf Gas: 160 Bbls H2O: 15

Calculated 24 hour rate: _____ Bbls oil: 20 Mcf Gas: 160 Bbls H2O: 15 GOR: 8000

Test Method: Flowing Casing PSI: 150 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1294 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

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
400107638	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)