

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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Document Number:

400107657

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 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 05-123-17169-00 6. County: WELD
7. Well Name: LOWER LATHAM Well Number: 2-13G
8. Location: QtrQtr: NWSE Section: 2 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>09/22/2010</u>	Date of First Production this formation: <u>09/06/1993</u>
Perforations Top: <u>7880</u> Bottom: <u>7892</u>	No. Holes: <u>105</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell under sand plug 9/8/10 for Niobrara refrac, sand plug removed 9/23/10</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>09/22/2010</u>		Date of First Production this formation: <u>09/06/1993</u>			
Perforations	Top: <u>7598</u>	Bottom: <u>7892</u>	No. Holes: <u>175</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Codell & Niobrara are commingled					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>10/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>16</u>	Mcf Gas: <u>190</u>	Bbls H2O: <u>16</u>	
Calculated 24 hour rate:		Bbls oil: <u>16</u>	Mcf Gas: <u>190</u>	Bbls H2O: <u>16</u>	GOR: <u>11875</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>900</u>	Tubing PSI: <u>350</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1276</u>	API Gravity Oil: <u>59</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7857</u>	Tbg setting date: <u>09/30/2010</u>	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>09/22/2010</u>		Date of First Production this formation: <u>09/06/1993</u>			
Perforations	Top: <u>7598</u>	Bottom: <u>7730</u>	No. Holes: <u>70</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Niobrara refrac Frac'd Niobrara w/176038 gals Vistar, Acid, and Slick Water with 250000 lbs Ottawa sand					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>09/28/2010</u>	Hours: <u>24</u>	Bbls oil: <u>3</u>	Mcf Gas: <u>100</u>	Bbls H2O: <u>2</u>	
Calculated 24 hour rate:		Bbls oil: <u>3</u>	Mcf Gas: <u>100</u>	Bbls H2O: <u>2</u>	GOR: <u>33333</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>200</u>	Tubing PSI: <u>0</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1275</u>	API Gravity Oil: <u>60</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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
400107657	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)