

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:

2512049

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) 228-4330
Fax: (303) 228-4286

5. API Number 05-001-09717-00
6. County: ADAMS
7. Well Name: LARKRDIGE MA
Well Number: 03-15D
8. Location: QtrQtr: NESE Section: 3 Township: 1S Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 05/05/2010 Date of First Production this formation: 06/04/2010
Perforations Top: 7944 Bottom: 8828 No. Holes: 152 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
COMMINGLED NIOBRARA/CODELL/J-SAND
This formation is commingled with another formation: Yes No
Test Information:
Date: 06/18/2010 Hours: 24 Bbls oil: 69 Mcf Gas: 2070 Bbls H2O: 41
Calculated 24 hour rate: Bbls oil: 69 Mcf Gas: 270 Bbls H2O: 41 GOR: 3913
Test Method: FLOWING Casing PSI: 830 Tubing PSI: 0 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1275 API Gravity Oil: 56
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: J SAND Status: PRODUCING

Treatment Date: 05/05/2010 Date of First Production this formation: 06/04/2010

Perforations Top: 8820 Bottom: 8828 No. Holes: 32 Hole size: 41/100

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

FRAC'D J-SAND W/148596 GALS OF SILVERSTIM AND SLICK WATER WITH 280,293#S OF OTTAWA SAND. THE J-SAND IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

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: 05/05/2010 Date of First Production this formation: 06/04/2010

Perforations Top: 7944 Bottom: 8386 No. Holes: 120 Hole size: _____

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

FRAC'D NIOBRARA W/26666 GALS OF SILVERSTIM AND SLICK WATER WITH 376,400#S OF OTTAWA SAND. NB PERFS 7944-8238 72 HOLES, SIZE 0.73". CO PREF 8374-8386 , 48 HOLES, SIZE 0.41". FRAC'D CODELL W/134190 GALS OF SILVERSTIM AND SLICK WATER WITH 268,049#S OF OTTAWA SAND. THE CODELL IS PRODUCING THROUGH A COMPOSITE FLOW THROUGH PLUG.

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: _____

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: REGUALTORY SPECIALIST

Date: 8/16/2010

Email EROBERTS@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: 1/18/2011

Attachment Check List

Att Doc Num	Name
2512049	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)