

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:

400114952

**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 05-123-15787-00 6. County: WELD  
7. Well Name: LATHAM Well Number: 3-34  
8. Location: QtrQtr: SESW Section: 3 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>11/06/2010</u>		Date of First Production this formation: <u>08/19/1992</u>	
Perforations	Top: <u>7047</u>	Bottom: <u>7060</u>	No. Holes: <u>80</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Sand plug removed</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u></u>	Hours: <u></u>	Bbls oil: <u></u>	Mcf Gas: <u></u> Bbls H2O: <u></u>
Calculated 24 hour rate: <u></u>		Bbls oil: <u></u>	Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>
Test Method: <u></u>	Casing PSI: <u></u>	Tubing PSI: <u></u>	Choke Size: <u></u>
Gas Disposition: <u></u>	Gas Type: <u></u>	BTU Gas: <u></u>	API Gravity Oil: <u></u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <div></div>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>11/06/2010</u>		Date of First Production this formation: <u>11/06/2010</u>			
Perforations	Top: <u>6742</u>	Bottom: <u>7060</u>	No. Holes: <u>208</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Codell &amp; Niobrara are commingled</div>					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>11/10/2010</u>	Hours: <u>24</u>	Bbls oil: <u>16</u>	Mcf Gas: <u>181</u>	Bbls H2O: <u>15</u>	
Calculated 24 hour rate:		Bbls oil: <u>16</u>	Mcf Gas: <u>181</u>	Bbls H2O: <u>15</u>	GOR: <u>11312</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>650</u>	Tubing PSI: <u>320</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1282</u>	API Gravity Oil: <u>67</u>		
Tubing Size: <u>1.9</u>	Tubing Setting Depth: <u>7017</u>	Tbg setting date: <u>11/04/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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>11/06/2010</u>		Date of First Production this formation: <u>10/28/2010</u>			
Perforations	Top: <u>6742</u>	Bottom: <u>6872</u>	No. Holes: <u>128</u>	Hole size: <u>27/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Niobrara commingled after recompleat by flushing out sand plug in Codell</div>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>Justin Garrett</u>	
Title: <u>Regulatory Specialist</u>	Date: <u>12/8/2010</u>	Email: <u>JDGarrett@nobleenergyinc.com</u>	

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: 1/20/2011

**Attachment Check List**

Att Doc Num	Name
400114952	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)