

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:

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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  
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) 2284330  
Fax: (303) 2284286

5. API Number 05-123-31901-00  
6. County: WELD  
7. Well Name: LUCCI  
Well Number: B01-99HZ  
8. Location: QtrQtr: NWNW Section: 1 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA		Status: PRODUCING	
Treatment Date: 09/20/2010		Date of First Production this formation: 09/26/2010	
Perforations Top: 9215	Bottom: 11409	No. Holes: 0	Hole size: 0
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Frac'd Niobrara w/1873620 gals of Silverstim and Slick Water with 2060160#'s of Ottawa sand.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: 09/28/2010	Hours: 24	Bbls oil: 752	Mcf Gas: 0
Calculated 24 hour rate:		Bbls oil: 752	Mcf Gas: 0
Test Method: FLOWING	Casing PSI: 1950	Tubing PSI: 950	Choke Size: 032/64
Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1310	API Gravity Oil: 51
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: Eileen Roberts

Title: Regulatory Specialist Date: Email: eroberts@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)