

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



DE ET OE ES

Document Number:  
400164603

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

5. API Number 05-123-15139-00  
6. County: WELD  
7. Well Name: LORENZ  
Well Number: F22-2  
8. Location: QtrQtr: NWNE Section: 22 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING  
Treatment Date: 11/09/2010 Date of First Production this formation: 09/07/1991  
Perforations Top: 6972 Bottom: 6986 No. Holes: 96 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Codell trfrac  
Frac'd Codell w/138797 gals Vistar and Slick Water with 243660 lbs Ottawa sand  
This formation is commingled with another formation:  Yes  No

**Test Information:**  
Date: 03/04/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 103 Bbls H2O: 2  
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 103 Bbls H2O: 2 GOR: 34333  
Test Method: Flowing Casing PSI: 600 Tubing PSI: 600 Choke Size: 40/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 0  
Tubing Size: 1.66 Tubing Setting Depth: 6936 Tbg setting date: 11/24/2010 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: \_\_\_\_\_

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: 5/16/2011 Email JDGarrett@nobleenergyinc.com  
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### **Attachment Check List**

Att Doc Num	Name
400164603	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

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