

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:

400197413

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 05-123-16227-00

7. Well Name: LOWER LATHAM

8. Location: QtrQtr: NWSW Section: 35 Township: 5N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 35-12B

### Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>07/01/2011</u>		Date of First Production this formation: <u>12/31/1992</u>	
Perforations	Top: <u>6987</u>	Bottom: <u>7002</u>	No. Holes: <u>80</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Codell under sand plug for Niobrara refrac</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" 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:			
<u>Sand plug set 6854'-7039' (35 sxs of 20/40) 6/10/11</u>			
Date formation Abandoned: <u>06/10/2011</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____	Sacks cement on top: _____		

FORMATION: NIOBRARA		Status: PRODUCING	
Treatment Date: 07/01/2011		Date of First Production this formation: 12/31/1992	
Perforations	Top: 6676	Bottom: 6883	No. Holes: 108
		Hole size:	
Provide a brief summary of the formation treatment:		Open Hole:	
Niobrara refrac Frac'd Niobrara w/152673 gals Vistar, Acid, and Slick Water with 245000 lbs Ottawa sand			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: 07/08/2011	Hours: 24	Bbls oil: 27	Mcf Gas: 350
		Bbls H2O: 7	
Calculated 24 hour rate:	Bbls oil: 27	Mcf Gas: 350	Bbls H2O: 7
		GOR: 12963	
Test Method: Flowing	Casing PSI: 520	Tubing PSI: 0	Choke Size: 14/64
Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1278	API Gravity Oil: 59
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: 8/22/2011

Email: JDGarrett@nobleenergyinc.com

### **Attachment Check List**

Att Doc Num	Name
400197413	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>

Total: 0 comment(s)