

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: Andrea Rawson  
Phone: (303) 228-4253  
Fax: (303) 228-4286

5. API Number 05-123-20813-00  
6. County: WELD  
7. Well Name: L F RANCH  
Well Number: 44-17  
8. Location: QtrQtr: SESE Section: 17 Township: 4N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 09/01/2011 Date of First Production this formation:  
Perforations Top: 6714 Bottom: 6726 No. Holes: 48 Hole size:

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

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: J SAND Status: SHUT IN

Treatment Date: 09/01/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7178 Bottom: 7230 No. Holes: 144 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

J-Sand under bridge plug @ 6851.

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: \_\_\_\_\_

Will be commingled at a later date.

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 09/01/2011 Date of First Production this formation: 09/14/2011

Perforations Top: 6512 Bottom: 6726 No. Holes: 208 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Niobrara perms 6512-6610.  
Re-Frac Niobrara w/ 154,538 gals of Slick Water, Vistar, 15% HCl with 250,920#'s of Ottawa sand.  
Commingled Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 09/23/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 25 Bbls H2O: 2

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 18 Mcf Gas: 25 Bbls H2O: 2 GOR: 1389

Test Method: Flowing Casing PSI: 1600 Tubing PSI: 1400 Choke Size: 40

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1221 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6687 Tbg setting date: 09/09/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: arawson@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)