

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 05-123-11378-00  
6. County: WELD  
7. Well Name: LOWELL  
Well Number: 1-34  
8. Location: QtrQtr: SWSE Section: 34 Township: 6N Range: 66W Meridian: 6  
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: CODELL	Status: PRODUCING
Treatment Date: 07/07/2011	Date of First Production this formation: 08/16/2011
Perforations Top: 7184 Bottom: 7200	No. Holes: 64 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Tri-Frac'd Codell with 150,787 gals of Slick Water and Vistar with 244,000#'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: 08/19/2011 Hours: 24	Bbls oil: 2 Mcf Gas: 69 Bbls H2O: 1
Calculated 24 hour rate:	Bbls oil: 2 Mcf Gas: 69 Bbls H2O: 1 GOR: 34500
Test Method: Flowing	Casing PSI: 425 Tubing PSI: 425 Choke Size: 32
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1324 API Gravity Oil: 55
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7170 Tbg setting date: 07/13/2011 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: 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)