

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:

400232342

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

4. Contact Name: Andrea Rawson

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4253

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

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: NIOBRARA-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.
Commingle 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: 12/14/2011 arawson@nobleenergyinc.com

Email
:

Attachment Check List

Att Doc Num	Name
400232342	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)