

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:

400233053

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 05-123-11378-00 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: ☐
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: ☐ Yes ☒ No
Test Information:
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: ☐ 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: 12/15/2011 Email: arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400233053 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
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Total: 0 comment(s)