

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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COMPLETED INTERVAL REPORT

Document Number:

400250460

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 05-123-33933-00

6. County: WELD

7. Well Name: Liam

Well Number: D34-33

8. Location: QtrQtr: NWSW Section: 34 Township: 3N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 11/19/2011

Date of First Production this formation: 12/30/2011

Perforations Top: 6756 Bottom: 6994 No. Holes: 88 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara perms 6756-6866 (48 holes), Codell perms 6984-6994 (40 holes).  
Frac'd Niobrara / Codell with 272,375 gals of Slick Water, Silverstim, and 15% HCl with 501,100#'s of Ottawa sand.  
Commingled Codell and Niobrara.  
Codell producing through flow plug.

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

Test Information:

Date: 01/06/2012 Hours: 24 Bbls oil: 87 Mcf Gas: 128 Bbls H2O: 27

Calculated 24 hour rate: Bbls oil: 87 Mcf Gas: 128 Bbls H2O: 27 GOR: 1471

Test Method: Flowing Casing PSI: 1450 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 50

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:

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: 2/9/2012 arawson@nobleenergyinc.com

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400250460	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>

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