

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400266279

Date Received:

03/29/2012

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-33586-00
6. County: WELD
7. Well Name: LOWER LATHAM PC
Well Number: G11-69HN
8. Location: QtrQtr: SESE Section: 2 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 09/14/2011 Date of First Production this formation: 10/05/2011
Perforations Top: 7362 Bottom: 10935 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac'd the Niobrara w/ 2435360 gals of Silverstim and Slick Water with 3,976,999.9#'s of Ottawa sand.

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

Test Information:

Date: 10/07/2011 Hours: 24 Bbls oil: 306 Mcf Gas: 1918 Bbls H2O: 112
Calculated 24 hour rate: Bbls oil: 306 Mcf Gas: 1918 Bbls H2O: 112 GOR: 6267
Test Method: FLOWING Casing PSI: 2895 Tubing PSI: 2620 Choke Size: 014/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1276 API Gravity Oil: 58
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: Eileen Roberts

Title: Regulatory Specialist Date: 3/29/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400266279 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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