

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2555030

**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 05-123-30714-00 6. County: WELD  
7. Well Name: OLIN L Well Number: 30-24D  
8. Location: QtrQtr: SESW Section: 30 Township: 3N Range: 66W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>03/22/2010</u>		Date of First Production this formation: <u>04/02/2010</u>		
Perforations	Top: <u>7391</u>	Bottom: <u>7407</u>	No. Holes: <u>64</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
FRFAC'D CODELL W/133,332 GALS OF SLICK WATER, SILVERSTIM, AND 15% HCL WITH 270,100#S OF OTTAWA SAND. CODELL PRODUCING THROUGH FLOW PLUG.				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>				
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____		

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>03/22/2010</u>		Date of First Production this formation: <u>04/02/2010</u>			
Perforations	Top: <u>7198</u>	Bottom: <u>7407</u>	No. Holes: <u>112</u>	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>COMMINGLE CODELL AND NIOBRARA.</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>04/09/2010</u>	Hours: <u>24</u>	Bbls oil: <u>57</u>	Mcf Gas: <u>192</u>	Bbls H2O: <u>20</u>	
Calculated 24 hour rate:		Bbls oil: <u>57</u>	Mcf Gas: <u>192</u>	Bbls H2O: <u>20</u>	GOR: <u>3368</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>750</u>	Tubing PSI: <u>0</u>	Choke Size: <u>10/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1210</u>	API Gravity Oil: <u>61</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: _____			

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>03/22/2010</u>		Date of First Production this formation: <u>04/02/2010</u>			
Perforations	Top: <u>7198</u>	Bottom: <u>7262</u>	No. Holes: <u>48</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>FRAC'D NIOBRARA W/175,340 GALS OF SLICK WATER AND SILVERSTIM WITH 250,020#'S OF OTTAWA SAND.</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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 Date: 5/26/2010 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: David S. Neslin Director of COGCC Date: 10/7/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555030	FORM 5A SUBMITTED	LF@2501690 2555030

Total Attach: 1 Files