

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:

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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: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-19847-00 6. County: WELD
 7. Well Name: LOUSTALET Well Number: 30-44
 8. Location: QtrQtr: SESE Section: 30 Township: 4N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 09/10/2010 Date of First Production this formation: 12/29/1999

Perforations Top: 7079 Bottom: 7094 No. Holes: 100 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Codell producing through Obsidian composite flow through plug
Nothing new happened to codell during Niobrara recomple

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/10/2010 Date of First Production this formation: 09/11/2010

Perforations Top: 6796 Bottom: 7091 No. Holes: 180 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Niobrara and Codell are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/17/2010 Hours: 24 Bbls oil: 41 Mcf Gas: 248 Bbls H2O: 13

Calculated 24 hour rate: Bbls oil: 41 Mcf Gas: 248 Bbls H2O: 13 GOR: 6049

Test Method: Flowing Casing PSI: 450 Tubing PSI: 500 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7060 Tbg setting date: 08/28/2005 Packer Depth: _____

Reason for Non-Production: _____

Tubing pulled 8/18/10

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 09/10/2010 Date of First Production this formation: 09/11/2010

Perforations Top: 6796 Bottom: 6960 No. Holes: 80 Hole size: 73/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Niobrara recomplete
Niobrara producing through composite flow through plugs
Frac'd Niobrara w/ 262601 gals Vistar and Acid with 395120 lbs Ottawa sand

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: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@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: _____ **Director of COGCC** Date: _____