

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:

400099789

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

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: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/10/2010</u>		Date of First Production this formation: <u>09/11/2010</u>			
Perforations	Top: <u>6796</u>	Bottom: <u>7091</u>	No. Holes: <u>180</u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Niobrara and Codell are commingled					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>09/17/2010</u>	Hours: <u>24</u>	Bbls oil: <u>41</u>	Mcf Gas: <u>248</u>	Bbls H2O: <u>13</u>	
Calculated 24 hour rate:		Bbls oil: <u>41</u>	Mcf Gas: <u>248</u>	Bbls H2O: <u>13</u>	GOR: <u>6049</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>450</u>	Tubing PSI: <u>500</u>	Choke Size: <u>12/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1308</u>	API Gravity Oil: <u>62</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7060</u>	Tbg setting date: <u>08/28/2005</u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
Tubing pulled 8/18/10					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/10/2010</u>		Date of First Production this formation: <u>09/11/2010</u>			
Perforations	Top: <u>6796</u>	Bottom: <u>6960</u>	No. Holes: <u>80</u>	Hole size: <u>73/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u> </u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	
Calculated 24 hour rate:		Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	GOR: <u> </u>
Test Method: <u> </u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>		
Gas Disposition: <u> </u>	Gas Type: <u> </u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>		
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

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

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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: _____