

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 05-123-24077-00 6. County: WELD
7. Well Name: LOWER LATHAM Well Number: 8-15
8. Location: QtrQtr: SWNE Section: 8 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>08/02/2010</u>		Date of First Production this formation: <u>06/18/2007</u>	
Perforations	Top: <u>6803</u> Bottom: <u>6817</u>	No. Holes: <u>56</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Codell under sand plug for Niobrara recomple</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			
<u>Codell under sand plug for Niobrara recomple</u>			
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: NIOBRARA Status: PRODUCING

Treatment Date: 08/02/2010 Date of First Production this formation: 08/21/2010

Perforations Top: 6534 Bottom: 6718 No. Holes: 96 Hole size: 73/100

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

Niobrara recomplete
Niobrara is producing through composite flow through plug
Frac'd Niobrara w/ 275040 gals pHaserFrac, Acid, and Slick Water with 400760 lbs Ottawa sand

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

Test Information:

Date: 08/27/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 257 Bbls H2O: 38

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 257 Bbls H2O: 38 GOR: 6425

Test Method: Flowing Casing PSI: 380 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1261 API Gravity Oil: 53

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

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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: _____