

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:

2511176

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: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-013-06594-00 6. County: BOULDER
7. Well Name: LYN USX MC Well Number: 05-05
8. Location: QtrQtr: SWNW Section: 5 Township: 1N Range: 69W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J-D-CODELL-NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>11/13/2009</u>		Date of First Production this formation: <u>11/16/2009</u>	
Perforations	Top: <u>7604</u>	Bottom: <u>8297</u>	No. Holes: <u>152</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>COMMINGLE CODELL/NIOBRARA/JSAND.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>11/25/2009</u>	Hours: <u>24</u>	Bbls oil: <u>68</u>	Mcf Gas: <u>484</u> Bbls H2O: <u>91</u>
Calculated 24 hour rate:		Bbls oil: <u>68</u>	Mcf Gas: <u>484</u> Bbls H2O: <u>91</u> GOR: <u>7117</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>900</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1204</u>	API Gravity Oil: <u>51</u>
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: J SAND Status: PRODUCING

Treatment Date: 11/13/2009 Date of First Production this formation: 11/16/2009

Perforations Top: 8280 Bottom: 8297 No. Holes: 68 Hole size: 41/100

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

FRAC'D J-SAND W/ 176610 GALS OF SILVERSTIM AND SLICK WATER WITH 336244#S OF OTTAWA SAND.
J-SAND IS PRODUCING THROUGH A CAS IRON FLOW THROUGH PLUG.

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: 11/13/2009 Date of First Production this formation: 11/16/2009

Perforations Top: 7604 Bottom: 7852 No. Holes: 84 Hole size: _____

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

FRAC'D NIOBRARA W/ 175938 GALS OF SILVERSTIM AND SLICK WATER WITH 251,779 #S OF OTTAWA SAND. NB PUTS 7604-7852, 24 HOLES, SIZE 0.73. CD PUTS 7837-7852; 60 HOLES, SIZE 0.42. FRAC'D CD W/ 133644 GAL SIVERSTIM & SW W/269,104#S OTTAWA SAND. CD PRODUCING THROUGH CAS IRON FLOW THROUGHLY.

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: EILEEN ROBERTS

Title: REGULATORY SPECIALIST

Date: 6/23/2010

Email EROBERTS@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: *David S. Neslin* Director of COGCC Date: 11/19/2010

Attachment Check List

Att Doc Num	Name
2511176	FORM 5A SUBMITTED

Total Attach: 1 Files