

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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COMPLETED INTERVAL REPORT

Document Number:

2509194

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 05-123-21074-00 6. County: WELD  
 7. Well Name: LF RANCH Well Number: 32-9  
 8. Location: QtrQtr: SWNE Section: 9 Township: 4N Range: 63W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING  
 Treatment Date: 04/16/2010 Date of First Production this formation: 05/05/2010  
 Perforations Top: 6648 Bottom: 6659 No. Holes: 44 Hole size: 42/100  
 Provide a brief summary of the formation treatment: Open Hole:   
RE-FRAC'D CODELL W/127,638 GALS OF SLICK WATER AND VISTAR WITH 239,508#S OF OTTAWA SAND.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 05/14/2010 Hours: 24 Bbls oil: 25 Mcf Gas: 6 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 6 Bbls H2O: 0 GOR: 240  
 Test Method: FLOWING Casing PSI: 850 Tubing PSI: 850 Choke Size: 32/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1218 API Gravity Oil: 49  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6635 Tbg setting date: 04/26/2010 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: ANDREA RAWSON  
 Title: REGULATORY SPECIALIST Date: 6/24/2010 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: 12/1/2010

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)