

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:

2555492

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) 228-4330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30323-00 6. County: WELD
7. Well Name: LOYD FARMS Well Number: 1161-4-41
8. Location: QtrQtr: NESE Section: 4 Township: 11N Range: 61W Meridian: 6
9. Field Name: FURY Field Code: 27925

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 03/23/2010 Date of First Production this formation: 04/14/2010
Perforations Top: 7656 Bottom: 7724 No. Holes: 152 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
FRAC'D J-SAND W/173712 GALS OF VISTAR AND SLICK WATER WITH 362,185#S OF OTTAWA SAND.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 04/21/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 0 Bbls H2O: 140
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 0 Bbls H2O: 140 GOR: 0
Test Method: PUMP Casing PSI: 84 Tubing PSI: 125 Choke Size: 0
Gas Disposition: RE-INJECTED Gas Type: WET BTU Gas: 0 API Gravity Oil: 43
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7622 Tbg setting date: 03/25/2010 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: EILEEN ROBERTS
Title: REGULATORY SPECIALIST Date: 6/9/2010 Email: EROBERTS@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 G. Neslin
Director of COGCC

Date: 1/31/2011

Attachment Check List

Att Doc Num	Name
2555492	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)