

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:

400170580

**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 05-123-31901-00 6. County: WELD  
7. Well Name: LUCCI Well Number: B01-99HZ  
8. Location: QtrQtr: NWNW Section: 1 Township: 5N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 09/20/2010 Date of First Production this formation: 09/26/2010  
Perforations Top: 9215 Bottom: 11409 No. Holes: 0 Hole size: 0

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

Frac'd Niobrara w/1873620 gals of Silverstim and Slick Water with 2060160#'s of Ottawa sand.

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

**Test Information:**

Date: 09/28/2010 Hours: 24 Bbls oil: 752 Mcf Gas: 0 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 752 Mcf Gas: 0 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 1950 Tubing PSI: 950 Choke Size: 032/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1310 API Gravity Oil: 51  
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: 6/1/2011 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400170580	FORM 5A SUBMITTED

Total Attach: 1 Files

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