

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:

400190003

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Erin Joseph
Phone: (303) 228-4089
Fax: (303) 228-4286

5. API Number 05-123-31810-00
6. County: WELD
7. Well Name: LAZY D ZN
Well Number: 03-15HZ
8. Location: QtrQtr: NWNW Section: 3 Township: 11N Range: 66W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 01/17/2011	Date of First Production this formation:
Perforations Top: 9400 Bottom: 14016	No. Holes: 20 Hole size: 20
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
see attached spreadsheet	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 04/12/2011 Hours: 24	Bbls oil: 22 Mcf Gas: 0 Bbls H2O: 220
Calculated 24 hour rate:	Bbls oil: 22 Mcf Gas: 0 Bbls H2O: 220 GOR: 0
Test Method: field	Casing PSI: 0 Tubing PSI: 5 Choke Size: 64
Gas Disposition:	Gas Type: BTU Gas: 1401 API Gravity Oil: 35
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:	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Erin Joseph

Title: Regulatory Analyst II Date: Email: ejoseph@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400197129	OTHER

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)