

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:  
400262778

Date Received:

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: 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 05-123-18344-00 6. County: WELD  
 7. Well Name: LUNDVALL Well Number: 13-14  
 8. Location: QtrQtr: SENE Section: 13 Township: 5N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING  
 Treatment Date: 11/07/2011 Date of First Production this formation: 12/27/2011  
 Perforations Top: 7378 Bottom: 7390 No. Holes: 40 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Tri-Frac'd Codell w/ 127,753 gals of Vistar with 236,007#'s of Ottawa sand.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 01/06/2012 Hours: 24 Bbls oil: 4 Mcf Gas: 84 Bbls H2O: 2  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 4 Mcf Gas: 84 Bbls H2O: 2 GOR: 21000  
 Test Method: Flowing Casing PSI: 350 Tubing PSI: 350 Choke Size: 36  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1275 API Gravity Oil: 59  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7356 Tbg setting date: 11/15/2011 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: \_\_\_\_\_ Email arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400262782	WELLBORE DIAGRAM

Total Attach: 1 Files

#### General Comments

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

Total: 0 comment(s)