

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:

400263169

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 05-123-15670-00

6. County: WELD

7. Well Name: LORENZ FARMS

Well Number: 22-5B

8. Location: QtrQtr: SWNW Section: 22 Township: 5N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>SHUT IN</u>	
Treatment Date: <u>11/08/2011</u>		Date of First Production this formation: <u>01/14/1993</u>	
Perforations	Top: <u>6991</u>	Bottom: <u>7007</u>	No. Holes: <u>20</u>
		Hole size: _____	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Codell under sand plug.</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
		Bbls H2O: _____	
Calculated 24 hour rate:	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
		GOR: _____	
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<u>Will be commingled at a later date.</u>			
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: _____		

FORMATION: NIOBRARA			Status: PRODUCING		
Treatment Date: 11/08/2011		Date of First Production this formation: 11/10/2011			
Perforations	Top: 6686	Bottom: 6826	No. Holes: 64	Hole size:	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Re-Frac'd Niobrara w/ 95,424 gals of Slick Water and Vistar with 160,579#'s of Ottawa sand.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: 11/15/2011	Hours: 24	Bbls oil: 39	Mcf Gas: 124	Bbls H2O: 11	
Calculated 24 hour rate:		Bbls oil: 39	Mcf Gas: 124	Bbls H2O: 11	GOR: 3179
Test Method: Flowing		Casing PSI: 200	Tubing PSI: 0	Choke Size: 16	
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1266	API Gravity Oil: 58	
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: Andrea Rawson

Title: Regulatory Specialist Date: arawson@nobleenergyinc.com

Email
:

Attachment Check List

Att Doc Num	Name
400263175	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)