

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:

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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 05-014-09435-00

6. County: BROOMFIELD

7. Well Name: Livingston

Well Number: 43-07

8. Location: QtrQtr: NESE Section: 7 Township: 1S

Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 06/30/2011Date of First Production this formation: 08/01/2011Perforations Top: 8750 Bottom: 8767 No. Holes: 68 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd J-Sand with 148,449 gals of Slick Water and Vistar with 281,640#'s of Ottawa sand.
J-Sand producing through two composite flow through plugs

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/05/2011 Hours: 24 Bbls oil: 90 Mcf Gas: 236 Bbls H2O: 31Calculated 24 hour rate: Bbls oil: 90 Mcf Gas: 236 Bbls H2O: 31 GOR: 2622Test Method: Flowing Casing PSI: 975 Tubing PSI: 0 Choke Size: 10Gas Disposition: SOLD Gas Type: WET BTU Gas: 1199 API Gravity Oil: 48

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: _____

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 06/30/2011Date of First Production this formation: 08/01/2011Perforations Top: 7894 Bottom: 8316 No. Holes: 76 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara perms 7894-8074 (48 holes). Codell perms 8309-8316 (28 holes).
Frac'd Niobrara / Codell with 268,293 gals of Slick water, Vistar, and 15% HCl with 495,660#'s of Ottawa sand.
Commingled Codell and Niobrara.
Codell producing through two composite flow through plugs.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 08/05/2011 Hours: 24 Bbls oil: 90 Mcf Gas: 236 Bbls H2O: 31Calculated 24 hour rate: Bbls oil: 90 Mcf Gas: 236 Bbls H2O: 31 GOR: 2622Test Method: Flowing Casing PSI: 975 Tubing PSI: 0 Choke Size: 10Gas Disposition: SOLD Gas Type: WET BTU Gas: 1199 API Gravity Oil: 48

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: Andrea Rawson _____

Title: Regulatory Specialist _____

Date: _____

Email : arawson@nobleenergyinc.com _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)