

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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: Tania McNutt  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-32415-00 6. County: WELD  
 7. Well Name: Lutz Well Number: E25-30D  
 8. Location: QtrQtr: SWNW Section: 25 Township: 6N Range: 65W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
 Treatment Date: 02/13/2012 Date of First Production this formation: 02/15/2012  
 Perforations Top: 6877 Bottom: 7180 No. Holes: 104 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Pumped 503,580 lbs of Ottawa Proppant and 267,788 gallons of 15% HCL, Slick Water and Vistar  
 The Codell is producing through a composite flow through plug  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 02/24/2012 Hours: 24 Bbls oil: 31 Mcf Gas: 232 Bbls H2O: 18  
 Calculated 24 hour rate: Bbls oil: 31 Mcf Gas: 232 Bbls H2O: 18 GOR: 7484  
 Test Method: FLOWING Casing PSI: 400 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 54  
 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: Tania McNutt  
 Title: Regulatory Analyst Date: \_\_\_\_\_ tmcnutt@nobleenergyinc.com

Email  
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### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files

### **General Comments**

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

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