

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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Document Number:

400260484

Date Received:

03/12/2012

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 05-123-19809-00

6. County: WELD

7. Well Name: LHI

Well Number: 14-34

8. Location: QtrQtr: SESW Section: 14

Township: 4N

Range: 67W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 11/06/2011 Date of First Production this formation: 02/29/2000

Perforations Top: 7228 Bottom: 7248 No. Holes: 80 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Codell under sand plug @ 7150

This formation is commingled with another formation: ☐ Yes ☒ 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: _____

Will be commingled at a later date.

Date formation Abandoned: 11/06/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7150 Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/04/2011 Date of First Production this formation: 11/06/2011

Perforations Top: 6922 Bottom: 7110 No. Holes: 64 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Frac'd Niobrara w/ 151,322 gals of Slick Water, Vistar, and 15% HCl with 240,813#s of Ottawa sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 11/11/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 6 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 6 Bbls H2O: 0 GOR: 1500

Test Method: Flowing Casing PSI: 180 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 58

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: 3/12/2012 arawson@nobleenergyinc.com

Email
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Attachment Check List

Att Doc Num	Name
400260484	FORM 5A SUBMITTED
400260488	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Changed SI to TA'd and added footage for plug.	5/29/2012 3:17:00 PM

Total: 1 comment(s)