

FORM
5A

Rev
06/12

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:

400279901

Date Received:

05/14/2012

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

5. API Number 05-123-33303-00
6. County: WELD
7. Well Name: Lang USX AB
Well Number: 35-03
8. Location: QtrQtr: NENW Section: 35 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 12/22/2011 End Date: _____ Date of First Production this formation: 01/12/2012
Perforations Top: 6787 Bottom: 7086 No. Holes: 96 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:

Pumped 300,203 lbs of Ottawa Proppant and 397,147 gallons of 15% HCL and Slick Water.

The Codell is producing through a composite flow through plug

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/20/2012 Hours: 24 Bbl oil: 51 Mcf Gas: 37 Bbl H2O: 18

Calculated 24 hour rate: Bbl oil: 51 Mcf Gas: 37 Bbl H2O: 18 GOR: 725

Test Method: FLOWING Casing PSI: 459 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1253 API Gravity Oil: 45

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: 5/14/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400279901	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)