

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



Table with columns DE, ET, OE, ES

Document Number: 400262778

Date Received: 03/19/2012

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-18344-00
6. County: WELD
7. Well Name: LUNDVALL
Well Number: 13-14
8. Location: QtrQtr: SENE Section: 13 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:

Treatment Date: 11/07/2011 End Date: Date of First Production this formation: 07/23/1994

Perforations Top: 7378 Bottom: 7390 No. Holes: 40 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Tri-Frac'd Codell w/ 127,753 gals of Vistar with 236,007#'s of Ottawa sand.

This formation is commingled with another formation: [] Yes [X] 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: 01/06/2012 Hours: 24 Bbl oil: 4 Mcf Gas: 84 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: 84 Bbl H2O: 2 GOR: 21000

Test Method: Flowing Casing PSI: 350 Tubing PSI: 350 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1275 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7356 Tbg setting date: 11/15/2011 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: 3/19/2012 Email arawson@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name
400262778	FORM 5A SUBMITTED
400262782	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	the date of 1st production should be 7/23/1994 per operator.	6/19/2012 9:40:53 AM
Permit	ON HOLD: requesting confirmation of date of 1st production.	6/14/2012 1:38:36 PM

Total: 2 comment(s)