

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:

400290903

Date Received:

05/31/2012

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-33500-00
6. County: WELD
7. Well Name: LINDBLAD PC MM
Well Number: 25-15
8. Location: QtrQtr: SWSE Section: 25 Township: 7N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: 01/14/2012 End Date: Date of First Production this formation: 01/17/2012
Perforations Top: 7404 Bottom: 7416 No. Holes: 48 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Codell w/ 114398 gals of Silverstim and Slick Water with 253,537#'s of Ottawa sand.

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:

Max frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

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: 01/27/2012 Hours: 24 Bbl oil: 40 Mcf Gas: 33 Bbl H2O: 30
Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 33 Bbl H2O: 30 GOR: 825
Test Method: FLOWING Casing PSI: 790 Tubing PSI: 0 Choke Size: 016/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1327 API Gravity Oil: 44
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: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: 5/31/2012 Email: eroberts@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400290903	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)