

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-24480-00
6. County: WELD
7. Well Name: LARSON USX AA
Well Number: 19-3
8. Location: QtrQtr: NENW Section: 19 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/26/2007 End Date: 02/26/2007 Date of First Production this formation: 03/01/2007

Perforations Top: 6797 Bottom: 6808 No. Holes: 44 Hole size: 0.42

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

Nio-Cdl fractured at the same time.

This formation is commingled with another formation: [X] 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: Min 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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:

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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/26/2007 End Date: 02/26/2007 Date of First Production this formation: 02/26/2007
Perforations Top: 6510 Bottom: 6808 No. Holes: 168 Hole size: 0.42

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

Frac'd thru tbg w/1000 gals 15% HCL acid, 6090 gal of linear gel, 153,216 gal Silverstim 32# gel, 350,060 lbs 30/50 Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3817 Max pressure during treatment (psi): 4876

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 3817

Fresh water used in treatment (bbl): 3793 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 350060 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/20/2007 Hours: 12 Bbl oil: 14 Mcf Gas: 6 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: 429

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 550 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1226 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6782 Tbg setting date: 02/22/2007 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/26/2007 End Date: 02/26/2007 Date of First Production this formation: 03/01/2007
Perforations Top: 6510 Bottom: 6636 No. Holes: 124 Hole size: 0.42

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

Nio A 6510'-6524', 56 holes. Nio B 6619'-6636', 68 holes. Nio-Cdl fractured at the same time.

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: _____ Min 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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____

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:
This form is a correction to Doc#2058330 7/23/2007.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Kathleen Mills
Title: Regulatory Analyst Date: 2/25/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400383910	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)