

**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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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: <u>100322</u>	4. Contact Name: <u>JEAN MUSE-REYNOLDS</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4316</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-35767-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LORENZ F</u>	Well Number: <u>22-17D</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>22</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/15/2012 End Date: 11/15/2012 Date of First Production this formation: 12/02/2012
Perforations Top: 7072 Bottom: 7088 No. Holes: 56 Hole size: 0.43

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

PUMPED 244453# OTTAWA SAND DOWNHOLE in 103529gals of SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER
CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG
FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 2465 Max pressure during treatment (psi): 4730
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.76
Total acid used in treatment (bbl): 0 Number of staged intervals: 6
Recycled water used in treatment (bbl): 263 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 2202 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 244453 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: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/02/2012

Perforations Top: 6774 Bottom: 7088 No. Holes: 104 Hole size: 0.43

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

FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL
CODELL IS PRODUCING THROUGH 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: _____ 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: 12/18/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 5 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 5 Bbl H2O: 0 GOR: 500

Test Method: FLOWING Casing PSI: 190 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1223 API Gravity Oil: 55

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/15/2012 End Date: 11/16/2012 Date of First Production this formation: 12/02/2012
Perforations Top: 6774 Bottom: 6916 No. Holes: 48 Hole size: 0.69

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

PUMPED 236268# OTTAWA SAND DOWNHOLE in 167652gals of SilverStim/GELLED/SLICK/RECYCLED/FRESH WATER
FLOWBACK VOLUMES REPORTED ON NIOBRARA PANEL
CODELL IS PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUG

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3992 Max pressure during treatment (psi): 5043
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.93
Total acid used in treatment (bbl): 0 Number of staged intervals: 7
Recycled water used in treatment (bbl): 257 Flowback volume recovered (bbl): 304
Fresh water used in treatment (bbl): 3735 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 236268 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: JEAN MUSE-REYNOLDS
Title: REGULATORY COMPLIANCE Date: 3/27/2013 Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400380986	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)