

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: 100322 4. Contact Name: Kathleen Mills
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-19864-00 6. County: WELD
 7. Well Name: LORENZ L Well Number: 30-04D
 8. Location: QtrQtr: NWNW Section: 30 Township: 3N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/12/2010 End Date: 04/12/2010 Date of First Production this formation: 04/14/2010

Perforations Top: 7302 Bottom: 7319 No. Holes: 68 Hole size: 0.41

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

FRAC'D W/138411 GAL VISTAR AND SLICK WATER AND 270620# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3296 Max pressure during treatment (psi): 5525

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): 0.84

Total acid used in treatment (bbl): _____ Number of staged intervals: 8

Recycled water used in treatment (bbl): 278 Flowback volume recovered (bbl): 1254

Fresh water used in treatment (bbl): 3018 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 270620 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/29/2010 Hours: 24 Bbl oil: 3 Mcf Gas: 30 Bbl H2O: 10

Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 30 Bbl H2O: 1 GOR: 1000

Test Method: FLOWING Casing PSI: 700 Tubing PSI: 640 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1259 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7727 Tbg setting date: 04/20/2010 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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)