

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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Date Received:

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 05-123-14682-00
6. County: WELD
7. Well Name: Loustalet
Well Number: 30-03
8. Location: QtrQtr: NENE Section: 30 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/14/2011 End Date: 12/14/2011 Date of First Production this formation: 02/09/2012

Perforations Top: 7056 Bottom: 7070 No. Holes: 56 Hole size: 0.41

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

FRAC'D W/ 121869 GAL VISTAR AND SLICK WATER AND 246634# OTTAWA SAND

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2902 Max pressure during treatment (psi): 6063

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 834.00

Type of gas used in treatment: Min frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): Number of staged intervals: 7

Recycled water used in treatment (bbl): 267 Flowback volume recovered (bbl): 454

Fresh water used in treatment (bbl): 2635 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 246634 Rule 805 green completion techniques were utilized: [X]

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: SUSSEX-CODELL Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 11/21/2012
 Perforations Top: 4404 Bottom: 7070 No. Holes: 88 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

COMMINGLE SUSSEX AD CODELL

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: 02/17/2012 Hours: 24 Bbl oil: 51 Mcf Gas: 577 Bbl H2O: 13
 Calculated 24 hour rate: Bbl oil: 51 Mcf Gas: 577 Bbl H2O: 13 GOR: 11314
 Test Method: FLOWING Casing PSI: 875 Tubing PSI: 450 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1295 API Gravity Oil: 58
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7043 Tbg setting date: 04/11/2012 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: Kathleen Mills
 Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files