

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: Julie Webb Phone: (720) 587-2223 Fax: Email: jwebb@progressivepcs.net

5. API Number 05-123-13616-00 6. County: WELD 7. Well Name: LEHFELDT Well Number: C27-04 8. Location: QtrQtr: NWNW Section: 27 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: 05/14/2002 End Date: 05/14/2002 Date of First Production this formation: 08/13/1992

Perforations Top: 6830 Bottom: 6844 No. Holes: 92 Hole size:

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

Codell Refrac: 6832-6844, 52 shots 244480 lbs ottawa sand, 131754 gal slurry

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

Total fluid used in treatment (bbl): 3137 Max pressure during treatment (psi): 5209

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: 1

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

Fresh water used in treatment (bbl): 3137 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 244480 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: 1 + 1/4 Tubing Setting Depth: 6798 Tbg setting date: 09/29/2006 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:

Form 5A is being submitted for historic codell refrac from 2002. No additional informaiton is available.

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

Signed: \_\_\_\_\_ Print Name: Julie Webb

Title: Senior Regualtory Analyst Date: \_\_\_\_\_ Email: jwebb@progressivepcs.net  
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