

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 05-123-39883-00 6. County: WELD 7. Well Name: Lilli Federal Well Number: LG13-02 8. Location: QtrQtr: NWNE Section: 13 Township: 8N Range: 59W Meridian: 6 9. Field Name: LILLI Field Code: 49970

Completed Interval

FORMATION: D SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 6453 Bottom: 6465 No. Holes: 48 Hole size: 0.42 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: Non-Economical

Date formation Abandoned: 07/23/2015 Squeeze: Yes No If yes, number of sacks cmt 2 ** Bridge Plug Depth: 6403 ** Sacks cement on top: 2 ** 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: Julie Webb

Title: Senior Regualtory Analyst Date: 1/24/2017 Email: jwebb@progressivepcs.net
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401191971	FORM 5A SUBMITTED
401191983	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected status code from TA to AB, due to CIBP with 2sx cement, per operations summary attachment.	01/24/2017

Total: 1 comment(s)