

FORM
5A

Rev
02/08

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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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 4. Contact Name: Tania McNutt
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-33303-00 6. County: WELD
7. Well Name: Lang USX AB Well Number: 35-03
8. Location: QtrQtr: NENW Section: 35 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 12/22/2011 Date of First Production this formation: 01/12/2012

Perforations Top: 6787 Bottom: 7086 No. Holes: 96 Hole size:

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

Pumped 300,203 lbs of Ottawa Proppant and 397,147 gallons of 15% HCL and Slick Water.

The Codell is producing through a composite flow through plug

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 01/20/2012 Hours: 24 Bbls oil: 51 Mcf Gas: 37 Bbls H2O: 18

Calculated 24 hour rate: Bbls oil: 51 Mcf Gas: 37 Bbls H2O: 18 GOR: 725

Test Method: FLOWING Casing PSI: 459 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1253 API Gravity Oil: 45

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:

Comment:

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

Signed: Print Name: Tania McNutt

Title: Regulatory Analyst Date: tmcnutt@nobleenergyinc.com

Email
:

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)