

**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: <u>100322</u>	4. Contact Name: <u>Andrea Rawson</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-32574-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>FIVE RIVERS K</u>	Well Number: <u>10-30D</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>3</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIORRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 08/22/2011 End Date: _____ Date of First Production this formation: 09/23/2011
Perforations Top: 6975 Bottom: 7286 No. Holes: 116 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:

Niobrara perms 6975-7086 (48 holes), Codell perms 7269-7286 (68 holes).
Frac'd Niobrara and Codell with 277,997 gals of slick Water, silverstim, and 15% hci with 491,010#'s of Ottawa sand.
commingle Codell and niobrara.
Codell producing through composite flow plug.

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: _____ Number of staged intervals: _____
Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____
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: 09/30/2011 Hours: 24 Bbl oil: 14 Mcf Gas: 383 Bbl H2O: 12
Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 383 Bbl H2O: 12 GOR: 27357
Test Method: Flowing Casing PSI: 520 Tubing PSI: 0 Choke Size: 12
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1230 API Gravity Oil: 67
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: Andrea Rawson
Title: Regulatory Specialist Date: 4/12/2012 Email: arawson@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400271500	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)