

FORM
5ARev
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



DE	ET	OE	ES
----	----	----	----

Document Number:

400266881

Date Received:

03/30/2012

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: Cheryl Johnson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4437
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-125-12006-00 6. County: YUMA
 7. Well Name: Wakefield Trust Well Number: 33-6
 8. Location: QtrQtr: NWSE Section: 6 Township: 1S Range: 45W Meridian: 6
 9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____
 Treatment Date: 12/16/2011 End Date: _____ Date of First Production this formation: 12/27/2011
 Perforations Top: 2263 Bottom: 2314 No. Holes: 153 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac: 500 gal 7.5% HCL acid; 35280 gals MAV-3 w/115720# Daniels Sand. Flush w/25 bbls MAV-3 gelled water.

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: 12/27/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 103 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 103 Bbl H2O: 0 GOR: 0
 Test Method: flowing Casing PSI: 441 Tubing PSI: _____ Choke Size: 0.5
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 990 API Gravity Oil: 0
 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: Cheryl Johnson

Title: Regulatory Analyst II Date: 3/30/2012 Email: cheryljohnson@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400266881	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)