

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

5. API Number 05-123-24762-00
6. County: WELD
7. Well Name: GIBBS F
Well Number: 28-18
8. Location: QtrQtr: NENW Section: 28 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/17/2011 End Date: 11/17/2011 Date of First Production this formation: 10/19/2007

Perforations Top: 7033 Bottom: 7047 No. Holes: 56 Hole size:

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

Re-Frac'd Codell w/ 140420 gals of Vistar 24,25,26 and Slick water with 244146#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 3343 Max pressure during treatment (psi): 5586

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals: 6

Total acid used in treatment (bbl): Max frac gradient (psi/ft): 0.86

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

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

Total proppant used (lbs): 244146 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: 02/03/2012 Hours: 24 Bbl oil: 8 Mcf Gas: 158 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 158 Bbl H2O: 4 GOR: 19750

Test Method: Flowing Casing PSI: 620 Tubing PSI: 560 Choke Size: 38

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1261 API Gravity Oil: 61

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7011 Tbg setting date: 11/29/2011 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: _____ Email: arawson@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400298155	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)