

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: Liz Lindow Phone: (303) 228-4342 Fax: (303) 228-4286

5. API Number 05-123-33309-00 6. County: WELD 7. Well Name: Lang USX AB Well Number: 35-05D 8. Location: QtrQtr: NENW Section: 35 Township: 7N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: Treatment Date: 01/07/2012 End Date: Date of First Production this formation: 01/12/2012 Perforations Top: 7149 Bottom: 7447 No. Holes: 96 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: 252238 lbs Ottawa proppant, 408669 gal slick water

This formation is commingled with another formation: [X] 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: 01/20/2012 Hours: 24 Bbl oil: 51 Mcf Gas: 37 Bbl H2O: 18 Calculated 24 hour rate: Bbl oil: 51 Mcf Gas: 37 Bbl H2O: 18 GOR: 725 Test Method: Flowing Casing PSI: 490 Tubing PSI: 0 Choke Size: 14/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1253 API Gravity Oil: 44 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7409 Tbg setting date: 02/24/2012 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: Liz Lindow

Title: Regulatory Analyst Date: 5/25/2012 Email: llindow@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400283459	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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