

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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400293583

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06/07/2012

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
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 05-123-34395-00
6. County: WELD
7. Well Name: NEI
Well Number: C18-33D
8. Location: QtrQtr: NESW Section: 18 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 01/09/2012 End Date: 02/12/2012 Date of First Production this formation: 02/13/2012

Perforations Top: 7475 Bottom: 7691 No. Holes: 108 Hole size: 0

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

395180 gal slick water; 314751 lbs Ottawa Proppant

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: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

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: 02/17/2012 Hours: 24 Bbl oil: 28 Mcf Gas: 204 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 28 Mcf Gas: 204 Bbl H2O: 3 GOR: 7285

Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: VENTED Gas Type: WET Btu Gas: 1215 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7658 Tbg setting date: 05/09/2012 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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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: 6/7/2012 Email: llindow@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400293583	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)