

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 07/06/2011 End Date: _____ Date of First Production this formation: 08/24/2011

Perforations Top: 7618 Bottom: 7944 No. Holes: 124 Hole size: _____

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

Niobrara perms 7618-7746 (48 holes). Codell perms 7925-7944 (76 holes).
Frac'd Niobrara and Codell with 293,530 gals of Silverstim and 15% HCl with 496,140#'s of Ottawa sand.
Commingled codell and Niobrara
Codell producing through 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: _____ 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: 09/02/2011 Hours: 24 Bbl oil: 8 Mcf Gas: 103 Bbl H2O: 5

Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 103 Bbl H2O: 5 GOR: 12875

Test Method: Flowing Casing PSI: 560 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1263 API Gravity Oil: 55

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: _____ ** Wireline and Cement Job Summary must be attached.

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

Attachment Check List

Att Doc Num	Name
400268445	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Formations on doc 400309528	7/25/2012 2:45:50 PM
Permit	On Hold missing formation windows.	7/23/2012 10:46:17 AM

Total: 2 comment(s)