

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: Tania McNutt Phone: (303) 228-4392 Fax: (303) 228-4286

5. API Number 05-123-33875-00 6. County: WELD 7. Well Name: DRAKE PC Well Number: MM14-08D 8. Location: QtrQtr: NWSE Section: 14 Township: 7N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: Treatment Date: 10/18/2011 End Date: Date of First Production this formation: 11/29/2011 Perforations Top: 7777 Bottom: 7787 No. Holes: 40 Hole size: 0.41 Provide a brief summary of the formation treatment: Open Hole: []

Pumped 242,814 lbs of Ottawa Proppant and 115,923 gallons of Slick Water and Silverstim

This formation is commingled with another formation: [] Yes [X] 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: 12/02/2011 Hours: 4 Bbl oil: 36 Mcf Gas: 11 Bbl H2O: 3 Calculated 24 hour rate: Bbl oil: 36 Mcf Gas: 11 Bbl H2O: 3 GOR: 306 Test Method: FLOWING Casing PSI: 1027 Tubing PSI: 460 Choke Size: 16/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1295 API Gravity Oil: 40 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7762 Tbg setting date: 10/27/2011 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: ** Wireline and Cement Job Summary must be attached.

Comment:

Hard copies of logs were mailed to COGCC on _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Tania McNutt

Title: Regulatory Analyst Date: 5/2/2012 Email: tmcnutt@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400275943	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off hold. Input corrected GOR per operators email.	7/26/2012 9:26:21 AM
Permit	On Hold. GOR doesn't match test data.	7/26/2012 9:18:19 AM

Total: 2 comment(s)