

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: Eileen Roberts Phone: (303) 2284330 Fax: (303) 2284286

5. API Number 05-123-33590-00 6. County: WELD 7. Well Name: SARCHET H Well Number: 13-75HN 8. Location: QtrQtr: NWNE Section: 24 Township: 3N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:

Treatment Date: 11/08/2011 End Date: Date of First Production this formation: 11/17/2011

Perforations Top: 7594 Bottom: 11455 No. Holes: 0 Hole size: 0

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

Frac'd the Niobrara w/ 2248742 gals of Silverstim and Slick Water with 3,185,325.721#'s of Ottawa sand.

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: 11/22/2011 Hours: 24 Bbl oil: 271 Mcf Gas: 968 Bbl H2O: 265 Calculated 24 hour rate: Bbl oil: 271 Mcf Gas: 968 Bbl H2O: 265 GOR: 3571 Test Method: FLOWING Casing PSI: 2551 Tubing PSI: 1886 Choke Size: 016/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 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: Eileen Roberts

Title: Regulatory Specialist Date: 5/15/2012 Email: eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400284774	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Form 5 approved.	3/2/2012 1:32:29 PM
Permit	On hold pending form 5 approval.	3/2/2012 8:02:28 AM

Total: 2 comment(s)