

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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Date Received:

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 4. Contact Name: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-17577-00 6. County: WELD
7. Well Name: SARCHET Well Number: 33-10J7
8. Location: QtrQtr: NWSE Section: 33 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/13/2012 End Date: 01/13/2012 Date of First Production this formation: 01/23/1994

Perforations Top: 7331 Bottom: 7348 No. Holes: 68 Hole size:

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

Tri-Frac'd Codell w/ 143926 gals of Slick Water and Vistar with 244517#'s of Ottawa sand.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 3427 Max pressure during treatment (psi): 7368

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): Number of staged intervals: 6

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): 244517 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/06/2012 Hours: 24 Bbl oil: 2 Mcf Gas: 72 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 72 Bbl H2O: 0 GOR: 36000

Test Method: flowing Casing PSI: 400 Tubing PSI: 377 Choke Size: 64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1358 API Gravity Oil: 59

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7320 Tbg setting date: 01/25/2012 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:

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: _____ Email: arawson@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400313330	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)