

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

5. API Number 05-123-11718-00 6. County: WELD 7. Well Name: CHRISTENSEN Well Number: 1 8. Location: QtrQtr: SWSW Section: 34 Township: 7N Range: 64W Meridian: 6 9. Field Name: GALETON Field Code: 27930

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: 11/22/2011 End Date: 11/22/2011 Date of First Production this formation: 04/15/1984 Perforations Top: 7104 Bottom: 7114 No. Holes: 30 Hole size: Provide a brief summary of the formation treatment: Open Hole: []

Codell under sand plug @ 6971.

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: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Will be commingled at a later date.

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/05/2011 End Date: 12/05/2011 Date of First Production this formation: 12/13/2011
Perforations Top: 6798 Bottom: 6941 No. Holes: 64 Hole size: 0.73

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

Frac'd niobrara w/ 157809 gals of Slick Water, vistar, and 15% HCl with 235745#s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3757 Max pressure during treatment (psi): 7292

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): 0.89

Total acid used in treatment (bbl): _____ Number of staged intervals: 8

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): 235745 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/23/2011 Hours: 24 Bbl oil: 30 Mcf Gas: 206 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 206 Bbl H2O: 7 GOR: 6867

Test Method: Flowing Casing PSI: 350 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1301 API Gravity Oil: 48

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: _____ Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400316124	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)