

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 05-123-32268-00
6. County: WELD
7. Well Name: MEGAN STATE H
Well Number: 21-28D
8. Location: QtrQtr: SWSE Section: 16 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: Bottom: No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole:
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: 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:
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: J SAND Status: PRODUCING Treatment Type: _____

Treatment Date: 02/18/2012 End Date: _____ Date of First Production this formation: 02/23/2012

Perforations Top: 7692 Bottom: 7740 No. Holes: 88 Hole size: 0.41

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

Pumped 257,457.3 lbs of Ottawa Proppant, 12,327 lbs of SB Excel Proppant and 147,472 gallons of Silverstim.

The J-Sand and Codell are producing through 2 composite flow through plugs

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: 03/02/2012 Hours: 24 Bbl oil: 40 Mcf Gas: 747 Bbl H2O: 93

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 747 Bbl H2O: 93 GOR: 18675

Test Method: FLOWING Casing PSI: 750 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1227 API Gravity Oil: 59

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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
 Treatment Date: 02/18/2012 End Date: _____ Date of First Production this formation: 02/23/2012
 Perforations Top: 7004 Bottom: 7253 No. Holes: 108 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

Pumped 456,435 lbs of Ottawa Proppant and 264,505 gallons of 15% HCL, Slick Water and Silverstim.

The Codell is producing through a composite flow through 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: 03/02/2012 Hours: 24 Bbl oil: 40 Mcf Gas: 747 Bbl H2O: 93
 Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 747 Bbl H2O: 93 GOR: 18675
 Test Method: FLOWING Casing PSI: 750 Tubing PSI: _____ Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1229 API Gravity Oil: 59
 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: Tania McNutt
 Title: Regulatory Analyst Date: 5/29/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400288644	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)