

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

5. API Number 05-123-31990-00 6. County: WELD 7. Well Name: LDS 8. Location: QtrQtr: SESW Section: 5 Township: 3N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/16/2012 End Date: 04/16/2012 Date of First Production this formation: 04/25/2012 Perforations Top: 6960 Bottom: 6974 No. Holes: 56 Hole size: 0.4

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

Pumped 146,978 lbs of Ottawa Proppant and 251,382 gallons of 15% HCL and Slick Water. The Codell is producing through a composite flow through plug.

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

Total fluid used in treatment (bbl): 6149 Max pressure during treatment (psi): 5134 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34 Type of gas used in treatment: Max frac gradient (psi/ft): 0.92 Total acid used in treatment (bbl): Number of staged intervals: 1 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): 146978 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: 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/25/2012

Perforations Top: 6745 Bottom: 6974 No. Holes: 104 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: 05/04/2012 Hours: 34 Bbl oil: 42 Mcf Gas: 536 Bbl H2O: 15

Calculated 24 hour rate: Bbl oil: 42 Mcf Gas: 536 Bbl H2O: 15 GOR: 12762

Test Method: FLOWING Casing PSI: 666 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1257 API Gravity Oil: 57

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/16/2012 End Date: 04/16/2012 Date of First Production this formation: 04/25/2012
Perforations Top: 6745 Bottom: 6850 No. Holes: 48 Hole size: 0.71

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

Pumped 155314 lbs of Ottawa Proppant and 212,089 gallons of 15% HCL and Slick Water.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5218 Max pressure during treatment (psi): 5135

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Max frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): Number of staged intervals: 1

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): 155314 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.

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: Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)