

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400321616

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, reoperation 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: Sarah Finnegan
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2265
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-35014-00 6. County: WELD
7. Well Name: Timmerman Well Number: G13-20D
8. Location: QtrQtr: SENW Section: 13 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/11/2012 End Date: 05/15/2012 Date of First Production this formation: 06/11/2012
Perforations Top: 7216 Bottom: 7232 No. Holes: 64 Hole size: 0.4

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

Pumped 172,263 lbs of Ottawa Proppant and 105,375 gallons of 15% HCL, Slick Water, and AMP. Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 2509 Max pressure during treatment (psi): 4859
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): 0.69
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): 172263 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: NIORARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/11/2012 End Date: 06/09/2012 Date of First Production this formation: 06/11/2012
Perforations Top: 6932 Bottom: 7232 No. Holes: 112 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: 06/15/2012 Hours: 24 Bbl oil: 11 Mcf Gas: 152 Bbl H2O: 11

Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 152 Bbl H2O: 11 GOR: 13818

Test Method: Flowing Casing PSI: 460 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1265 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7201 Tbg setting date: 06/28/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/15/2012 End Date: 06/09/2012 Date of First Production this formation: 06/11/2012
Perforations Top: 6932 Bottom: 7039 No. Holes: 48 Hole size: 0.69

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

Pumped 249,864 lbs of Preferred Rock Proppant and 163,891 gallons of 15% HCL, Slick Water, and Silverstim. Commingling the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3902 Max pressure during treatment (psi): 4893

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): 0.96

Total acid used in treatment (bbl): Number of staged intervals: 9

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): 249864 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: Sarah Finnegan
Title: Regulatory Analyst Date: Email: sfinnegan@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)