

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



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Date Received:

06/26/2012

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: <u>100322</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-34351-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>McClellan PC</u>	Well Number: <u>LG03-78HN</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>3</u> Township: <u>8N</u> Range: <u>59W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/28/2011 End Date: 12/28/2011 Date of First Production this formation: 01/10/2012
Perforations Top: 6477 Bottom: 10324 No. Holes: 0 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole:

Frac'd the Niobrara w/ 2193791 gals Vistar and Slick Water with 3,413,000#s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5577

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____

Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: 17

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): 6399775

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/20/2012 Hours: 24 Bbl oil: 608 Mcf Gas: 902 Bbl H2O: 469
Calculated 24 hour rate: Bbl oil: 608 Mcf Gas: 902 Bbl H2O: 469 GOR: 1483
Test Method: FLOWING Casing PSI: 120 Tubing PSI: 0 Choke Size: 032/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1312 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6234 Tbg setting date: 01/07/2012 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: Eileen Roberts

Title: Regulatory Specialist Date: 6/26/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400299701	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Form 5 approved.	9/11/2012 1:16:53 PM
Permit	On hold pending form 5.	8/27/2012 2:51:34 PM

Total: 2 comment(s)