

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: Eileen Roberts Phone: (303) 2284330 Fax: (303) 2284286

5. API Number 05-123-34263-00
6. County: WELD
7. Well Name: NORTHRUP C Well Number: 08-75HN
8. Location: QtrQtr: NWNE Section: 8 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/13/2011 End Date: 12/13/2011 Date of First Production this formation: 12/23/2011

Perforations Top: 7378 Bottom: 10583 No. Holes: 0 Hole size: 0

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

Frac'd the Niobrara w/ 2019921 gals of Silverstim and Slick Water with 3,435,000#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 51622 Max pressure during treatment (psi): 6511
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): 1.02
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): 3219397 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: 12/23/2011 Hours: 24 Bbl oil: 230 Mcf Gas: 800 Bbl H2O: 248
Calculated 24 hour rate: Bbl oil: 230 Mcf Gas: 800 Bbl H2O: 248 GOR: 3478
Test Method: FLOWING Casing PSI: 2834 Tubing PSI: 2189 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1289 API Gravity Oil: 53
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: Eileen Roberts

Title: Regulatory Specialist Date: 7/16/2012 Email: eroberts@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400305986	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off hold form 5 approved.	9/13/2012 3:42:04 PM
Permit	On Hold pending form 5.	9/13/2012 8:11:59 AM

Total: 2 comment(s)