

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 05-123-34175-00 6. County: WELD 7. Well Name: BRANDT USX Well Number: WW13-07D 8. Location: QtrQtr: NWSE Section: 13 Township: 1N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: Treatment Date: 01/20/2012 End Date: Date of First Production this formation: 01/25/2012 Perforations Top: 8035 Bottom: 8058 No. Holes: 64 Hole size: 0.4

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

Frac'd the J-Sand w/ 148462 gals of Silverstim and Slick Water with 280,020#'s of Ottawa sand. The J-Sand is producing through a composite flow through plug.

This formation is commingled with another formation: [] Yes [X] 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: 02/03/2012 Hours: 19 Bbl oil: 82 Mcf Gas: 84 Bbl H2O: 111 Calculated 24 hour rate: Bbl oil: 104 Mcf Gas: 106 Bbl H2O: 140 GOR: 1024 Test Method: FLOWING Casing PSI: 600 Tubing PSI: 0 Choke Size: 012/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1328 API Gravity Oil: 47 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: 01/13/2012 End Date: _____ Date of First Production this formation: 01/26/2012

Perforations Top: 7365 Bottom: 7609 No. Holes: 92 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 265323 gals of Silverstim and Slick Water with 7.5% HCl with 525,080#'s of Ottawa sand.

The Codell is producing through a composite flow through plug.

Commingle the Niobrara and Codell.

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: 02/03/2012 Hours: 19 Bbl oil: 82 Mcf Gas: 84 Bbl H2O: 111

Calculated 24 hour rate: Bbl oil: 104 Mcf Gas: 106 Bbl H2O: 140 GOR: 1024

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1328 API Gravity Oil: 47

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: 5/30/2012 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
2113824	WELLBORE DIAGRAM
400290385	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Wellbore diagram received and attached.	9/18/2012 8:27:00 AM
Permit	Waiting on wellbore diagram.	9/17/2012 8:22:58 AM

Total: 2 comment(s)