

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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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 4. Contact Name: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-24705-00 6. County: WELD
 7. Well Name: ATREYU F Well Number: 34-23
 8. Location: QtrQtr: NESE Section: 34 Township: 5N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2011 End Date: 12/01/2011 Date of First Production this formation: 11/02/2007

Perforations Top: 7013 Bottom: 7029 No. Holes: 64 Hole size: _____

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

Re-Frac'd Codell w/ 141020 gals of Slick Water and Vistar with 250783#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3358 Max pressure during treatment (psi): 7133

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

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.78

Total acid used in treatment (bbl): _____ Number of staged intervals: 6

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): 250783 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/10/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 33 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 33 Bbl H2O: 1 GOR: 33000

Test Method: Flowing Casing PSI: 400 Tubing PSI: 375 Choke Size: 48

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1279 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6994 Tbg setting date: 12/07/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: 6/21/2012 Email arawson@nobleenergyinc.com

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Attachment Check List

Att Doc Num	Name
400298033	FORM 5A SUBMITTED
400298036	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)