

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: Andrea Rawson Phone: (303) 228-4253 Fax: (303) 228-4286

5. API Number 05-123-18811-00 6. County: WELD 7. Well Name: RAGAN Well Number: N 14-08 8. Location: QtrQtr: SENE Section: 14 Township: 5N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 01/22/2012 End Date: 01/22/2012 Date of First Production this formation: 01/28/1995

Perforations Top: 7180 Bottom: 7196 No. Holes: 32 Hole size:

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

Tri-Frac'd Codell w/ 141342 gals of Slick Water and Vistar with 254634#'s of Ottawa sand.

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

Total fluid used in treatment (bbl): 141342 Max pressure during treatment (psi): 5500 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): 0.81 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): 254634 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: 03/16/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 181 Bbl H2O: 15 Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 181 Bbl H2O: 15 GOR: 9050 Test Method: Flowing Casing PSI: 693 Tubing PSI: 288 Choke Size: 15 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1237 API Gravity Oil: 58 Tubing Size: 2 + 1/16 Tubing Setting Depth: 7157 Tbg setting date: 02/06/2012 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: Andrea Rawson

Title: Regulatory Specialist Date: 6/25/2012 Email arawson@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400299298	FORM 5A SUBMITTED
400299311	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)