

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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Document Number:

400312962

Date Received:

08/06/2012

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: 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 05-123-21884-00
6. County: WELD
7. Well Name: MILLAGE C
Well Number: 12-4
8. Location: QtrQtr: NWNW Section: 12 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/21/2012 End Date: 02/21/2012 Date of First Production this formation: 03/18/2004

Perforations Top: 6694 Bottom: 6706 No. Holes: 48 Hole size: 0.42

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

Re-Frac'd codell w/ 122311 gals of Slick Water, vistar, and 15% HCl with 157114#'s of Ottawa sand.
codell producing through composite flow through plug.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2912 Max pressure during treatment (psi): 4973

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft): 0.97

Total acid used in treatment (bbl): Number of staged intervals: 7

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): 157114 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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.

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|--|---|--|--|--|--|
| FORMATION: NIOBRARA-CODELL | | Status: PRODUCING | | Treatment Type: _____ | |
| Treatment Date: 02/21/2012 | | End Date: 02/21/2012 | | Date of First Production this formation: _____ | |
| Perforations | Top: 6430 | Bottom: 6706 | No. Holes: 96 | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| This formation is commingled with another formation: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____ | | | Min 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: <input type="checkbox"/> | | |
| Reason why green completion not utilized: _____ | | | | | |
| Fracture stimulations must be reported on FracFocus.org | | | | | |
| <u>Test Information:</u> | | | | | |
| Date: 03/02/2012 | Hours: 24 | Bbl oil: 1 | Mcf Gas: 26 | Bbl H2O: 2 | |
| Calculated 24 hour rate: | Bbl oil: 1 | Mcf Gas: 26 | Bbl H2O: 2 | GOR: 26000 | |
| Test Method: Flowing | Casing PSI: 200 | Tubing PSI: _____ | Choke Size: 14 | | |
| Gas Disposition: SOLD | Gas Type: WET | Btu Gas: 1304 | API Gravity Oil: 57 | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | | |
| ** Bridge Plug Depth: _____ | ** Sacks cement on top: _____ | ** Wireline and Cement Job Summary must be attached. | | | |

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/21/2012 End Date: 02/21/2012 Date of First Production this formation: 02/24/2012

Perforations Top: 6430 Bottom: 6526 No. Holes: 48 Hole size: 0.72

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

Frac'd niobrara w/ 169968 gals of Slick water and Vistar with 253010#s of Ottawa sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4047 Max pressure during treatment (psi): 4399

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.98

Total acid used in treatment (bbl): _____ Number of staged intervals: 7

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): 253010 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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: Andrea Rawson

Title: Regulatory Specialist Date: 8/6/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400312962 | FORM 5A SUBMITTED |
| 400312966 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)