

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



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 05-123-17841-00 6. County: WELD 7. Well Name: OSTER 8. Location: QtrQtr: SESE Section: 3 Township: 4N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: 01/26/2012 End Date: Date of First Production this formation: 02/20/1994

Perforations Top: 6770 Bottom: 6782 No. Holes: 48 Hole size:

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

codell under sand plug.

This formation is commingled with another formation: [X] 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: 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: [ ]

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: Will be commingled at a later date.

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/11/2012 End Date: 02/11/2012 Date of First Production this formation: 02/14/2012  
Perforations Top: 6494 Bottom: 6594 No. Holes: 96 Hole size: 0.27

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac'd Niobrara w/ 166478 gals of Slick Water, vistar, and 15% HCl with 251052#'s of Ottawa sand.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3964 Max pressure during treatment (psi): 5827

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): 0.90

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 8

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): 251052 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 02/17/2012 Hours: 24 Bbl oil: 30 Mcf Gas: 191 Bbl H2O: 19

Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 191 Bbl H2O: 19 GOR: 6367

Test Method: Flowing Casing PSI: 200 Tubing PSI: \_\_\_\_\_ Choke Size: 16

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1251 API Gravity Oil: 52

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: 8/16/2012 Email: arawson@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400316616	FORM 5A SUBMITTED
400316626	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)