

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 05-123-18974-00
6. County: WELD
7. Well Name: ADAM RED
Well Number: D26-14
8. Location: QtrQtr: SESW Section: 26 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: 05/30/2012 End Date: Date of First Production this formation: 12/29/1995

Perforations Top: 6959 Bottom: 6969 No. Holes: 11 Hole size: 0.32

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

codell under sand plug

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: 06/08/2012 End Date: 06/08/2012 Date of First Production this formation: 12/29/1995  
Perforations Top: 6725 Bottom: 6840 No. Holes: 32 Hole size: 0.27

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

Re-Frac'd Niobrara w/ 164476 gals of Slick Water, vistar, and 15% HCl with 255675#'s of Ottawa sand.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3916 Max pressure during treatment (psi): 7919

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): 0.94

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): 255675 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

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

**Test Information:**

Date: 07/26/2012 Hours: 24 Bbl oil: 35 Mcf Gas: 55 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 35 Mcf Gas: 55 Bbl H2O: 1 GOR: 1571

Test Method: Flowing Casing PSI: 1330 Tubing PSI: 940 Choke Size: 28

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1236 API Gravity Oil: 48

Tubing Size: 2 + 1/16 Tubing Setting Depth: 6941 Tbg setting date: 06/26/2012 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: 8/23/2012 Email: arawson@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400319742	FORM 5A SUBMITTED
400319748	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Well completion or recompletion report #9999999 dated 1/29/96	10/26/2012 1:56:00 PM

Total: 1 comment(s)