

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: Sarah Finnegan
Phone: (720) 587-2265
Fax: (303) 228-4286

5. API Number 05-123-35023-00
6. County: WELD
7. Well Name: Timmerman
Well Number: G13-32D
8. Location: QtrQtr: SENW Section: 13 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/14/2012 End Date: 06/09/2012 Date of First Production this formation: 06/11/2012

Perforations Top: 7642 Bottom: 7658 No. Holes: 64 Hole size: 0.44

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

Pumped 245,121 lbs of Preferred Rock Proppant and 119,436 gallons of 15% HCL, Slick Water, and Silverstim. Commingle the Niobrara and Codell.

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

Total fluid used in treatment (bbl): 2844 Max pressure during treatment (psi): 4708

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.83

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): 245121 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: 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.

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/11/2012 End Date: 06/09/2012 Date of First Production this formation: 07/13/2012

Perforations Top: 7349 Bottom: 8174 No. Holes: 212 Hole size: _____

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

This formation is commingled with another formation: 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: 07/18/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 401 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 401 Bbl H2O: 2 GOR: 20050

Test Method: Flowing Casing PSI: 1790 Tubing PSI: 1249 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1184 API Gravity Oil: 57

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8087 Tbg setting date: 07/09/2012 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.

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/11/2012 End Date: 05/14/2012 Date of First Production this formation: 07/13/2012

Perforations Top: 8107 Bottom: 8174 No. Holes: 100 Hole size: 0.4

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

Pumped 282,316 lbs of Ottawa Proppant, 14,369 lbs of SB Excel Proppant and 153,374 gallons of AMP.
 The J-Sand was SI because of CBP during first test of Niobrara and Codell on 6/15/2012, all plugs cleared out on 7/11/2012 so there was a commingle.
 Niobrara, Codell, and J-Sand all tested together on 7/18/2012.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3652 Max pressure during treatment (psi): 4382

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.61

Total acid used in treatment (bbl): _____ Number of staged intervals: 10

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): 296685 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: 06/04/2012 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7712 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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

Treatment Date: 05/14/2012 End Date: 06/09/2012 Date of First Production this formation: 06/11/2012

Perforations Top: 7349 Bottom: 7658 No. Holes: 112 Hole size: _____

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

This formation is commingled with another formation: 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: _____

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: NIORBARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/09/2012 End Date: 06/09/2012 Date of First Production this formation: 06/11/2012
Perforations Top: 7349 Bottom: 7460 No. Holes: 48 Hole size: 0.69

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

Pumped 251,981 lbs of Preferred Rock Proppant and 157,926 gallons of Slick Water and Silverstim.
Commingling the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3760 Max pressure during treatment (psi): 4808

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.94

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): 251981 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:
The J-Sand was under CBP as of 6/4/2012.
The J-Sand was SI because of CBP during first test of Niobrara and Codell on 6/15/2012, all plugs cleared out on 7/11/2012 so there was a commingle.
Niobrara, Codell, and J-Sand all tested together on 7/18/2012.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Sarah Finnegan
Title: Regulatory Analyst Date: 9/5/2012 Email: sfinnegan@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400322023	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

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