

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 05-123-23548-00
6. County: WELD
7. Well Name: KERBS
Well Number: 22-15
8. Location: QtrQtr: SENW Section: 15 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/24/2012 End Date: 08/23/2012 Date of First Production this formation: 03/27/2012

Perforations Top: 6991 Bottom: 7004 No. Holes: 52 Hole size:

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

Re-Frac'd Codell w/ 151349 gals of Slick Water, vistar and 28% HCl with 241361#'s of Ottawa sand

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

Total fluid used in treatment (bbl): 3603 Max pressure during treatment (psi): 4424

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: 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): 241361 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 08/23/2012 End Date: 08/23/2012 Date of First Production this formation: _____

Perforations Top: 6697 Bottom: 7004 No. Holes: 100 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: 08/30/2012 Hours: 24 Bbl oil: 20 Mcf Gas: 39 Bbl H2O: 14

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 39 Bbl H2O: 14 GOR: 1950

Test Method: Flowing Casing PSI: 975 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1343 API Gravity Oil: 53

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: 08/23/2012 End Date: 08/23/2012 Date of First Production this formation: 08/24/2012
 Perforations Top: 6697 Bottom: 6834 No. Holes: 48 Hole size: 0.73

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

Frac'd Niobrara w/ 158981 gals of Slick Water and Vistar with 235485#'s of Ottawa sand.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 3785 Max pressure during treatment (psi): 4716
 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): 0.92
 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): 235485 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: 10/30/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400340890	FORM 5A SUBMITTED
400340906	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Received paper CBL.	11/14/2012 2:20:18 PM
Permit	On Hold. Form 5 not approved in forms processor. Waiting on paper and digital logs.	11/1/2012 10:33:41 AM

Total: 2 comment(s)