

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400233878 Date Received: 12/19/2011

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 05-123-16792-00 6. County: WELD 7. Well Name: FRAN 8. Location: QtrQtr: NWNW Section: 25 Township: 6N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: 08/12/2011 End Date: Date of First Production this formation: Perforations Top: 6950 Bottom: 6964 No. Holes: 60 Hole size: Provide a brief summary of the formation treatment: Open Hole: []

Codell under sand plug @ 6845.

This formation is commingled with another formation: [] Yes [X] 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: PRODUCING Treatment Type: _____

Treatment Date: 08/12/2011 End Date: _____ Date of First Production this formation: 08/14/2011

Perforations Top: 6644 Bottom: 6786 No. Holes: 96 Hole size: 0.25

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

Frac'd Niobrara w/ 152,236 gals of Slick Water, Vistar, and 15% HCl with 249,000#'s of Ottawa sand.

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: 08/19/2011 Hours: 24 Bbl oil: 26 Mcf Gas: 206 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 26 Mcf Gas: 206 Bbl H2O: 20 GOR: 7923

Test Method: Flowing Casing PSI: 260 Tubing PSI: 0 Choke Size: 14

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1259 API Gravity Oil: 58

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: 12/19/2011 Email arawson@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400233878 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|-------------------|--|--------------------------|
| Permit | Ok, since Codell and Niobrara re common source. | 11/19/2012 2:58:01 PM |
| Permit | Opr requesting the file for the form 2. | 2/14/2012 3:04:35 PM |
| Permit | On hold for a form 2 recompletion to this formation. | 1/27/2012 1:50:17 PM |

Total: 3 comment(s)