

**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



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Document Number:
400345712

Date Received:

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: <u>100322</u>	4. Contact Name: <u>JEAN MUSE-REYNOLDS</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4316</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-35436-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>McMILLEN</u>	Well Number: <u>G19-27D</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>19</u> Township: <u>4N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/14/2012 End Date: 08/14/2012 Date of First Production this formation: 08/19/2012
Perforations Top: 7234 Bottom: 7248 No. Holes: 56 Hole size: 0.44

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

PUMPED 250615# OTTAWA SAND DOWNHOLE in 128310gals of 15%HCL/SilverStim/GELLED/FRESH WATER
CODELL AND J SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3055 Max pressure during treatment (psi): 3967

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.69

Total acid used in treatment (bbl): 12 Number of staged intervals: 7

Recycled water used in treatment (bbl): 318 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 2725 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 250615 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: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 08/19/2012

Perforations Top: 6932 Bottom: 7750 No. Holes: 200 Hole size: 0.4

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: 08/23/2012 Hours: 24 Bbl oil: 27 Mcf Gas: 496 Bbl H2O: 26

Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 496 Bbl H2O: 26 GOR: 18370

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1232 API Gravity Oil: 63

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 SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/14/2012 End Date: 08/14/2012 Date of First Production this formation: 08/19/2012

Perforations Top: 7718 Bottom: 7750 No. Holes: 96 Hole size: 0.4

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

PUMPED 260098# OTTAWA SAND and 12067#SB Excel DOWNHOLE in gals of SilverStim/GELLED/FRESH WATER

CODELL AND J SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3779 Max pressure during treatment (psi): 3188

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.66

Total acid used in treatment (bbl): 0 Number of staged intervals: 10

Recycled water used in treatment (bbl): 265 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 3514 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 272165 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: _____ End Date: _____ Date of First Production this formation: 08/19/2012

Perforations Top: 6932 Bottom: 7248 No. Holes: 104 Hole size: 0.44

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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/14/2012 End Date: 08/14/2012 Date of First Production this formation: 08/19/2012
Perforations Top: 6932 Bottom: 7048 No. Holes: 48 Hole size: 0.69

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

PUMPED 251542# OTTAWA SAND DOWNHOLE in 166404 gals of SilverStim/GELLED/SLICK WATER
CODELL AND J SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3962 Max pressure during treatment (psi): 4648

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): 0.96

Total acid used in treatment (bbl): 0 Number of staged intervals: 7

Recycled water used in treatment (bbl): 428 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3534 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 251542 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: JEAN MUSE-REYNOLDS
Title: REGULATORY COMPLIANCE Date: Email jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)