

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

Document Number: 400292467

Date Received: 06/21/2012

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

5. API Number 05-123-33399-00 6. County: WELD
7. Well Name: ULRICH PC I Well Number: 17-17D
8. Location: QtrQtr: SENE Section: 17 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/01/2012 End Date: 03/01/2012 Date of First Production this formation: 03/03/2012

Perforations Top: 7371 Bottom: 7389 No. Holes: 72 Hole size: 0.4

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

The Codell is producing through a composite flow through plug.

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

Total fluid used in treatment (bbl): 3011 Max pressure during treatment (psi): 4239
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): 0.89
Total acid used in treatment (bbl): Number of staged intervals: 7
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 8
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 202348 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: 2 + 3/8 Tubing Setting Depth: 7353 Tbg setting date: 03/09/2012 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/02/2012 End Date: 03/02/2012 Date of First Production this formation: 03/03/2012

Perforations Top: 7060 Bottom: 7389 No. Holes: 120 Hole size: 0.69

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

The Codell is producing through a composite flow through plug.

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): 8.34

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: RECYCLE

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: 03/09/2012 Hours: 24 Bbl oil: 62 Mcf Gas: 105 Bbl H2O: 24

Calculated 24 hour rate: Bbl oil: 62 Mcf Gas: 105 Bbl H2O: 24 GOR: 1694

Test Method: FLOWING Casing PSI: 400 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1295 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7353 Tbg setting date: 03/15/2012 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/29/2012 End Date: 03/02/2012 Date of First Production this formation: 03/03/2012
Perforations Top: 7060 Bottom: 7199 No. Holes: 48 Hole size: 0.69

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

The Codell is producing through a composite flow through plug.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3928 Max pressure during treatment (psi): 4564

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): 0.93

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): 223696 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: 2 + 3/8 Tubing Setting Depth: 7353 Tbg setting date: 03/14/2012 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: JEAN MUSE-REYNOLDS
Title: REGULATORY COMPLIANCE Date: 6/21/2012 Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400292467	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)