

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 05-123-15361-00 6. County: WELD 7. Well Name: MYERS 8. Location: QtrQtr: NENW Section: 14 Township: 5N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 02/06/2012 End Date: 02/06/2012 Date of First Production this formation: 03/18/1992

Perforations Top: 6658 Bottom: 6790 No. Holes: 64 Hole size:

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

Re-Frac'd Niobrara w/ 163881 gals of Slick Water, Lighting, and 15% HCl with 252769#'s of Ottawa sand. No work done to Codell.

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

Total fluid used in treatment (bbl): 3902 Max pressure during treatment (psi): 4777

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

Type of gas used in treatment: Min frac gradient (psi/ft): 0.98

Total acid used in treatment (bbl): Number of staged intervals: 8

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): 252769 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: 03/02/2012 Hours: 24 Bbl oil: 15 Mcf Gas: 73 Bbl H2O: 7

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 73 Bbl H2O: 7 GOR: 4867

Test Method: Flowing Casing PSI: 440 Tubing PSI: 380 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1301 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6930 Tbg setting date: 02/16/2012 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: Andrea Rawson  
Title: Regulatory Specialist Date: 7/2/2012 Email: arawson@nobleenergyinc.com  
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**Attachment Check List**

Att Doc Num	Name
400301626	FORM 5A SUBMITTED
400301634	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)