

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: 400299408 Date Received: 06/25/2012

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-11922-00 6. County: WELD
7. Well Name: SMITH Well Number: 1
8. Location: QtrQtr: NWNW Section: 9 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/20/2012 End Date: 01/20/2012 Date of First Production this formation: 10/17/1984
Perforations Top: 6950 Bottom: 6966 No. Holes: 64 Hole size:
Provide a brief summary of the formation treatment: Open Hole: [ ]

Re-Frac'd Codell w/ 142968 gals of Vistar with 249686#'s of Ottawa sand.

This formation is commingled with another formation: [ ] Yes [X] No
Total fluid used in treatment (bbl): 3404 Max pressure during treatment (psi): 5667
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft): 0.78
Total acid used in treatment (bbl): Number of staged intervals: 6
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): 249686 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: 02/17/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 34 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 34 Bbl H2O: 1 GOR: 34000
Test Method: Flowing Casing PSI: 660 Tubing PSI: 640 Choke Size: 36/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1293 API Gravity Oil: 56
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6930 Tbg setting date: 02/02/2012 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: 6/25/2012 Email arawson@nobleenergyinc.com  
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### Attachment Check List

Att Doc Num	Name
400299408	FORM 5A SUBMITTED
400299411	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected choke size.	10/2/2012 2:27:26 PM
Permit	Incorrect choke size. Question to operator.	9/28/2012 2:44:00 PM

Total: 2 comment(s)