

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 05-123-13706-00
6. County: WELD
7. Well Name: KAMMERZELL
Well Number: 16-6
8. Location: QtrQtr: SESE Section: 6 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:

Treatment Date: 01/15/2012 End Date: Date of First Production this formation: 03/07/1988

Perforations Top: 7187 Bottom: 7206 No. Holes: 76 Hole size:

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

Codell under sand plug @ 7038.

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: FRACTURE STIMULATION

Treatment Date: 01/15/2012 End Date: 01/14/2012 Date of First Production this formation: 03/07/1988
Perforations Top: 6868 Bottom: 6998 No. Holes: 64 Hole size: _____

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

Re-Frac'd Niobrara w/ 191224 gals of Slick Water, vistar, and 15% HCl with 245594#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4553 Max pressure during treatment (psi): 4758
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.90
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): 245594 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/02/2012 Hours: 24 Bbl oil: 7 Mcf Gas: 74 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: 74 Bbl H2O: 0 GOR: 10571
Test Method: Flowing Casing PSI: 150 Tubing PSI: 0 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1259 API Gravity Oil: 62
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: 6/25/2012 Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400299393	FORM 5A SUBMITTED
400299402	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Corrected choke size.	10/2/2012 2:25:53 PM
Permit	Operator put in incorrect choke size. Checking with operator.	9/28/2012 2:36:15 PM

Total: 2 comment(s)