

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:
400417094

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>Julie Webb</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2316</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-34244-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>FEDERAL PC</u>	Well Number: <u>LG08-12</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>8</u> Township: <u>8N</u> Range: <u>59W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/19/2011 End Date: 10/22/2011 Date of First Production this formation: 10/24/2013

Perforations Top: 6324 Bottom: 6332 No. Holes: 32 Hole size: 0.41

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

Pumped 201,420 lbs of Ottawa Proppant and 94,416 gallons of 15% HCL and Silverstim.
 The Codell has a composite flow through plug.
 Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>2465</u>	Max pressure during treatment (psi): <u>2994</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.72</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>7</u>
Recycled water used in treatment (bbl): <u>217</u>	Flowback volume recovered (bbl): <u>1738</u>
Fresh water used in treatment (bbl): <u>2248</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>201420</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: NIORARA-CODELL Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/19/2011 End Date: 10/22/2011 Date of First Production this formation: 10/24/2011

Perforations Top: 6053 Bottom: 6332 No. Holes: 82 Hole size: _____

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: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/22/2011 End Date: 10/22/2011 Date of First Production this formation: 10/24/2011
Perforations Top: 6053 Bottom: 6176 No. Holes: 50 Hole size: 0.69

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

Pumped 251,523 lbs of Ottawa Proppant and 154,140 gallons of Slick Water and Silverstim. Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3941 Max pressure during treatment (psi): 3646

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): 0.83

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

Recycled water used in treatment (bbl): 271 Flowback volume recovered (bbl): 1738

Fresh water used in treatment (bbl): 3670 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 251523 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:
Well had flow back In October, 2011 and November, 2011 and has been shut in since that time due to no sales line. A form 10 will be submitted when there is a sales line and a transporter assigned.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: Julie Webb
Title: Regulatory Analyst Date: Email juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)