

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 4. Contact Name: Kathleen Mills
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34517-00 6. County: WELD
7. Well Name: WAHLERT AC Well Number: 33-66HN
8. Location: QtrQtr: NWNW Section: 33 Township: 7N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/09/2012 End Date: 04/09/2012 Date of First Production this formation: 05/04/2012
Perforations Top: 7420 Bottom: 10997 No. Holes: 0 Hole size:
Provide a brief summary of the formation treatment: Open Hole: [ ]

FRAC'D W/ 2756963 GAL SILVERSTIM AND SLICK WATER, 3241737# OTTAWA SAND AND 300579# SB EXCEL

This formation is commingled with another formation: [ ] Yes [X] No
Total fluid used in treatment (bbl): 65642 Max pressure during treatment (psi): 6468
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43
Type of gas used in treatment: Min frac gradient (psi/ft): 0.88
Total acid used in treatment (bbl): Number of staged intervals: 20
Recycled water used in treatment (bbl): 3848 Flowback volume recovered (bbl): 7616
Fresh water used in treatment (bbl): 61794 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 3542316 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: 05/12/2012 Hours: 24 Bbl oil: 220 Mcf Gas: 176 Bbl H2O: 333
Calculated 24 hour rate: Bbl oil: 220 Mcf Gas: 176 Bbl H2O: 333 GOR: 800
Test Method: FLOWING Casing PSI: 115 Tubing PSI: 375 Choke Size: 22/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 39
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7183 Tbg setting date: 05/02/2012 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Kathleen Mills

Title: Regulatory Analyst Date: 5/6/2013 Email: kmills@nobleenergyinc.com  
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**Attachment Check List**

Att Doc Num	Name
400414099	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)