

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: 400444557

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: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-36676-00
6. County: WELD
7. Well Name: WILD HORSE GV
Well Number: 28-72HN
8. Location: QtrQtr: SESE Section: 28 Township: 9N Range: 61W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/04/2013 End Date: 05/04/2013 Date of First Production this formation: 05/19/2013

Perforations Top: 7040 Bottom: 10715 No. Holes: 0 Hole size:

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

FRAC'D W/2471817 GAL VISTAR AND SLICK WATER AND 3630211# OTTAWA SAND

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

Total fluid used in treatment (bbl): 58853 Max pressure during treatment (psi): 5306

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): 0.87

Total acid used in treatment (bbl): Number of staged intervals: 20

Recycled water used in treatment (bbl): 3912 Flowback volume recovered (bbl): 9015

Fresh water used in treatment (bbl): 54941 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3630211 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/23/2013 Hours: 24 Bbl oil: 143 Mcf Gas: 260 Bbl H2O: 637

Calculated 24 hour rate: Bbl oil: 143 Mcf Gas: 260 Bbl H2O: 637 GOR: 1818

Test Method: FLOWING Casing PSI: 950 Tubing PSI: 150 Choke Size: 32/64

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1000 API Gravity Oil: 33

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6806 Tbg setting date: 05/13/2013 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: _____ Email: kmills@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)