

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

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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 05-123-16119-00 6. County: WELD
 7. Well Name: WARREN Well Number: E 35-05
 8. Location: QtrQtr: SWNW Section: 35 Township: 6N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/12/1992
 Perforations Top: 6951 Bottom: 6967 No. Holes: 104 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

COMMINGLE W/NBBR

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-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/13/2012

Perforations Top: 6663 Bottom: 6962 No. Holes: 232 Hole size: _____

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

COMMINGLE NBBR & CDL

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: 03/12/2012 Hours: 24 Bbl oil: 9 Mcf Gas: 56 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 9 Mcf Gas: 56 Bbl H2O: 4 GOR: 6222

Test Method: FLOWING Casing PSI: 800 Tubing PSI: 500 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1267 API Gravity Oil: 47

Tubing Size: 1.61 Tubing Setting Depth: 6928 Tbg setting date: 04/04/2013 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/24/2012 End Date: 01/24/2012 Date of First Production this formation: 02/13/2012
Perforations Top: 6663 Bottom: 6801 No. Holes: 128 Hole size: 0.27

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

PERF'D NIO B 663-6679 AND NIO C 6785-6801. FRAC'D W/159180 GAL VISTAR AND SLICK WATER, 500 GAL 15% HCL AND 249685# OTTWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3790 Max pressure during treatment (psi): 5115

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 269 Flowback volume recovered (bbl): 772

Fresh water used in treatment (bbl): 3521 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 249685 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Kathleen Mills Print Name: Kathleen Mills
Title: Regulatory Analyst Date: 7/11/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400446060	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)