

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: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286

5. API Number 05-123-34925-00
6. County: WELD
7. Well Name: FURROW FEDERAL PC
Well Number: AB14-63HN
8. Location: QtrQtr: NWSW Section: 14 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/11/2013 End Date: 03/11/2013 Date of First Production this formation: 04/01/2013

Perforations Top: 7326 Bottom: 11204 No. Holes: 0 Hole size:

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

FRAC'D W/ 2869363 GAL SILVERSTIM AND SLICK WATER AND 3893825# OTTAWA SAND

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

Total fluid used in treatment (bbl): 68318 Max pressure during treatment (psi): 5776

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: 25

Recycled water used in treatment (bbl): 4234 Flowback volume recovered (bbl): 12904

Fresh water used in treatment (bbl): 64084 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3893825 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: 04/09/2013 Hours: 24 Bbl oil: 164 Mcf Gas: 127 Bbl H2O: 365

Calculated 24 hour rate: Bbl oil: 164 Mcf Gas: 127 Bbl H2O: 365 GOR: 774

Test Method: FLOWING Casing PSI: 775 Tubing PSI: 700 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1163 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7092 Tbg setting date: 03/28/2013 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:

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: 6/10/2013 Email: kmills@nobleenergyinc.com
:

Attachment Check List

Att Doc Num	Name
400431277	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)