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: 400448565

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			4. Contact I	Name: Eileen Roberts			
2. Name of Operator: NOBL			Phone: (303) 2284330					
3. Address: 1625 BROADW				Fax: <u>(</u>	(303) 2284286			
City: DENVER	State:	CO Zip:	80202					
5. API Number 05-123-2	27324-00			6. County:	WELD			
7. Well Name: DUKE	J			Well Num	nber: 4-13			
8. Location: QtrQtr: NW	Section	: <u>4</u> To	ownship: 5N	Range	e: <u>66W</u> Meridian: <u>6</u>			
9. Field Name: WATT	ENBERG	Fiel	ld Code: 907	7 50				
		<u>Com</u> g	oleted Interval					
FORMATION: CODELL		Status: CON	MMINGLED		Treatment Type:			
Treatment Date:	End	Date:		Date of First Pi	roduction this formation: 03/29/2007			
Perforations Top:	7394 Botto	m: 7409	No. Holes:	60	Hole size:			
Provide a brief summary of th	e formation treatme	ent:	Open Hole:					
Commingle w/ NBRR								
This formation is commingled	with another forma	tion:	Yes No					
Total fluid used in trea	tment (bbl):			Max pre	essure during treatment (psi):			
Total gas used in treat	tment (mcf):			Fluid dens	sity at initial fracture (lbs/gal):			
Type of gas used in	n treatment:				Min frac gradient (psi/ft):			
Total acid used in trea	tment (bbl):		Number of staged intervals:					
Recycled water used in trea	tment (bbl):			Flow	back volume recovered (bbl):			
Fresh water used in trea	tment (bbl):		Disposition met	hod for flowba	ack:			
Total proppan	t used (lbs):		Rule 8	e 805 green completion techniques were utilized:				
Reason why green completion not utilized:								
	Fracture stimula	ations must be	reported on Frac	Focus.org				
Test Information:								
Date:	Hours:	Bbl oil:		// Mcf Gas:	Bbl H2O:			
Calculated 24 hour rate:	Bbl oil:	Mcf Gas:	B	Bbl H2O:	GOR:			
Test Method:		Casing PSI:	Tub	oing PSI:	Choke Size:			
Gas Disposition:		Gas Type:	E	Btu Gas:	API Gravity Oil:			
Tubing Size: T	ubing Setting Depth	n:	Tbg setting date	e:	Packer Depth:			
Reason for Non-Production:								
Date formation Abandoned:	S	queeze: 🔲 Y	res No	If yes, nur	mber of sacks cmt			
** Bridge Plug Depth:	** Sacks c	ement on top:	*	* Wireline and	d Cement Job Summary must be attached			

FORMATION: NIOE	BRARA-CO	ODELL		Sta	atus: PF	RODUCIN	NG				Treatment Type	:		
Treatment Date:			Е	nd Date:				Date	of Fi	rst Produ	uction this formation	າ:	05/31/20	12
Perforations	Top: _	7091	Вс	ttom:	7409		No. Hole	es:	108	3	Hole size:			
Provide a brief sum	nmary of t	the formati	on treat	ment:			Open Ho	ole:						
Commingle Niobra														
This formation is co	ommingle	d with ano	ther for	mation:		Yes	▼ No)						
Total fluid u		•	· —								ire during treatmen			
Total gas us			-				Fluid density at initial fracture (lbs/gal):							
		in treatme								Min frac gradient (psi/ft):				
Total acid u							Number of staged intervals:							
Recycled water u		•	· —								k volume recovered	d (bb	ol):	
Fresh water u		•	· —			Disp	osition n							
Tota	al proppa	nt used (lb	s):		_			_		· ·	tion techniques we	e ut	tilized:	
l							green co				1			
1		Fractu	ıre stim	ulations	must be	e report	ed on F	racFocu	ıs.or	rg				
Test Information:														
Date: 05/31/201	2	Hours:	24	E	Bbl oil: _	399		Mcf G	as:	700	Bbl H2	O: _	80	
Calculated 24 hour	rate:	Bbl oil:	399	Мо	f Gas:	700	-	Bbl H	20:	80	GO	R:	1754	
Test Method: FLO	WING			Casin	g PSI:	1834	٦	Tubing F	PSI:	1624	Choke Siz	ːe:	016/64	
Gas Disposition:	SOLD			Gas	Type:	WET		Btu G	as:	1288	API Gravity C)il:	58	
Tubing Size: 2 -	- 3/8	Tubing Se	tting De	– pth: 7	378 –	Tbg	setting o	date:	- 06/2	0/2012	Packer Dep	th:		
Reason for Non-Pr	oduction:										-	_]
Date formation Aba	andoned:			Squeeze	: <u> </u>	Yes	No	ŀ	f yes	s, numbe	r of sacks cmt			_
** Bridge Plug Dep			** Sack	s cement	on top:						— ement Job Summar	rv m	—— ust be atta	ched
			Caon		on top.			• • • • • • • • • • • • • • • • • • • •		o ana oc	mont oob Camma	—		ioriou.

FORMATION: NIOBRARA	Status: COMMING	GLED	Treatment Type: FRACTURE STIMULATION					
Treatment Date: 05/24/2012	End Date: 05/24/2012	Date of First Produ	action this formation: 05/31/2012					
Perforations Top: 7091	Bottom: 7228	No. Holes: 48	Hole size:					
Provide a brief summary of the formation	n treatment:	Open Hole:						
Frac'd the Niobrara w/ 167942 gals of \	istar and Slick Water with 253	3373#'s of Ottawa sand.						
This formation is commingled with anoth	ner formation: X Yes	No						
Total fluid used in treatment (bbl)	: 3998	Max pressu	re during treatment (psi): 4736					
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):								
Total acid used in treatment (bbl)	Nu	imber of staged intervals:7						
Recycled water used in treatment (bbl)	: 273	Flowback	volume recovered (bbl):264					
Fresh water used in treatment (bbl)	: 3724 Dis	sposition method for flowback:	RECYCLE					
Total proppant used (lbs)	253373	Rule 805 green complet	tion techniques were utilized:					
	Reason why	green completion not utilized:						
Fractur	e stimulations must be repo	rted on FracFocus.org						
Test Information:			•					
	Dhi aile	Met Cook	DH HOO.					
Date: Hours: Hours: Calculated 24 hour rate: Bbl oil:	Bbl oil:	Mcf Gas:	Bbl H2O: GOR:					
Test Method:	Mcf Gas: Casing PSI:	Bbl H2O: Tubing PSI:	Choke Size:					
Gas Disposition:	Gas Type:	Btu Gas:	API Gravity Oil:					
Tubing Size: Tubing Setti	ng Depth: I bo	g setting date:	Packer Depth:					
Reason for Non-Production:	_							
Date formation Abandoned:	Squeeze: Yes	No If yes, numbe	r of sacks cmt					
** Bridge Plug Depth: **	Sacks cement on top:	** Wireline and Ce	ement Job Summary must be attached.					
Comment:								
I hereby certify all statements made in the	I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: Print Name: Eileen Roberts								
Title: Regulatory Specialist	Date:	Email eroberts@nol	bleenergyinc.com					
		:						
	Attachment C	Check List						
Att Doc Num Name								
Total Attach: 0 Files								
General Comments								
User Group Comment			Comment Date					
Total: 0 comment(s)								