

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: 400448565

Date Received: 07/17/2013

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: Eileen Roberts Phone: (303) 2284330 Fax: (303) 2284286

5. API Number 05-123-27324-00 6. County: WELD 7. Well Name: DUKE J Well Number: 4-13 8. Location: QtrQtr: NWSW Section: 4 Township: 5N Range: 66W 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: 03/29/2007 Perforations Top: 7394 Bottom: 7409 No. Holes: 60 Hole size: Provide a brief summary of the formation treatment: Open Hole: [ ]

Commingle w/ NBRR

This formation is commingled with another formation: [X] 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: 05/31/2012

Perforations Top: 7091 Bottom: 7409 No. Holes: 108 Hole size: \_\_\_\_\_

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

Commingled Niobrara & Codell

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: 05/31/2012 Hours: 24 Bbl oil: 399 Mcf Gas: 700 Bbl H2O: 80

Calculated 24 hour rate: Bbl oil: 399 Mcf Gas: 700 Bbl H2O: 80 GOR: 1754

Test Method: FLOWING Casing PSI: 1834 Tubing PSI: 1624 Choke Size: 016/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1288 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7378 Tbg setting date: 06/20/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/24/2012 End Date: 05/24/2012 Date of First Production this formation: 05/31/2012  
Perforations Top: 7091 Bottom: 7228 No. Holes: 48 Hole size: \_\_\_\_\_

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

Frac'd the Niobrara w/ 167942 gals of Vistar and Slick Water with 253373#s of Ottawa sand.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3998 Max pressure 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): 0.90  
Total acid used in treatment (bbl): 0 Number of staged intervals: 7  
Recycled water used in treatment (bbl): 273 Flowback volume recovered (bbl): 264  
Fresh water used in treatment (bbl): 3724 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 253373 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: \_\_\_\_\_ Print Name: Eileen Roberts  
Title: Regulatory Specialist Date: 7/17/2013 Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400448565	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

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