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

DE	ET	OE	ES

Document Number: 400450287

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

5. API Number 05-123-24239-00
6. County: WELD
7. Well Name: Waste Management D
Well Number: 35-15
8. Location: QtrQtr: SWSE Section: 35 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/14/2012 End Date: 08/14/2012 Date of First Production this formation: 08/17/2012

Perforations Top: 6970 Bottom: 6982 No. Holes: 48 Hole size:

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

Frac'd the Codell w/ 123624 gals of Vistar and Slick Water 15% HCl with 245220#'s of Ottawa sand.

Commingle w/ NBRR

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2943 Max pressure during treatment (psi): 4143

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): 0.91

Total acid used in treatment (bbl): 13 Number of staged intervals: 7

Recycled water used in treatment (bbl): 256 Flowback volume recovered (bbl): 826

Fresh water used in treatment (bbl): 2687 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 245220 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: 08/17/2012

Perforations Top: 6740 Bottom: 6982 No. Holes: 96 Hole size:

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

Commingle NBRR/CDLL

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: 09/11/2012 Hours: 24 Bbl oil: 23 Mcf Gas: 88 Bbl H2O: 5

Calculated 24 hour rate: Bbl oil: 23 Mcf Gas: 88 Bbl H2O: 5 GOR: 3826

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 0 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1366 API Gravity Oil: 46

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/14/2012 End Date: 08/14/2012 Date of First Production this formation: 09/11/2012

Perforations Top: 6740 Bottom: 6850 No. Holes: 48 Hole size:

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

Frac'd the Niobrara w/ 164264 gals of Vistar and Slick Water with 244600#'s of Ottawa sand.

Commingle w/CDLL

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3911 Max pressure during treatment (psi): 4143

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): 0.96

Total acid used in treatment (bbl): 0 Number of staged intervals: 7

Recycled water used in treatment (bbl): 262 Flowback volume recovered (bbl): 826

Fresh water used in treatment (bbl): 3648 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 244600 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: Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)