

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: 400462774

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 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 05-123-19891-00 6. County: WELD
7. Well Name: Herman L Well Number: 32-13Ji
8. Location: QtrQtr: SWSW Section: 32 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/27/2012 End Date: 02/27/2012 Date of First Production this formation: 03/01/2012
Perforations Top: 7358 Bottom: 7374 No. Holes: 64 Hole size: 0.27

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

FRAC'D W/124228 GAL VISTAR AND SLICK WATER AND 242260# OTTAWA SAND

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

Total fluid used in treatment (bbl): 2958 Max pressure during treatment (psi): 3636
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): 0.83
Total acid used in treatment (bbl): Number of staged intervals: 6
Recycled water used in treatment (bbl): 261 Flowback volume recovered (bbl): 566
Fresh water used in treatment (bbl): 2697 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 242260 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: 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: FRACTURE STIMULATION

Treatment Date: 02/27/2012 End Date: 02/27/2012 Date of First Production this formation: 03/01/2012
Perforations Top: 7136 Bottom: 7374 No. Holes: 112 Hole size: _____

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

COMMINGLE NB & CD

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: 24 Bbl oil: 34 Mcf Gas: 89 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 34 Mcf Gas: 89 Bbl H2O: 0 GOR: 2618

Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1226 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7321 Tbg setting date: 03/24/2012 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: 02/27/2012 End Date: 02/27/2012 Date of First Production this formation: 03/01/2012
Perforations Top: 7136 Bottom: 72228 No. Holes: 48 Hole size:

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

PERFED 7136-7148, 7216-7228. FRAC'D W/ 162057 GAL VISTAR AND SLICK WATER AND 186568# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3859 Max pressure during treatment (psi): 4468

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): 0.89

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

Recycled water used in treatment (bbl): 166 Flowback volume recovered (bbl): 566

Fresh water used in treatment (bbl): 3693 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 186568 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: Email kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)