

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:

400468296

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

5. API Number 05-123-22410-00
6. County: WELD
7. Well Name: PERKINS
Well Number: 34-9
8. Location: QtrQtr: SWSE Section: 9 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/08/2012 End Date: 08/08/2012 Date of First Production this formation: 10/05/2005

Perforations Top: 7112 Bottom: 7122 No. Holes: 40 Hole size: 0.41

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

FRAC'D W/29516 GAL VISTAR, MECHANICAL FAILURE. FLOWBACK 982 BBLS CUMMULATIVE NB & CD

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

Total fluid used in treatment (bbl): 703 Max pressure during treatment (psi): 4478

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): 0.99

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): 2 Flowback volume recovered (bbl): 982

Fresh water used in treatment (bbl): 701 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0 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: J SAND | | Status: SHUT IN | | Treatment Type: _____ | |
| Treatment Date: _____ | | End Date: _____ | | Date of First Production this formation: 11/16/2004 | |
| Perforations | Top: 7580 | Bottom: 7616 | No. Holes: 104 | Hole size: _____ | |

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

SI TO RECOMPLETE THE CDL & NB. 7/23/2012 SET CIFT PLUG @7162'. 8/24/2012 SET CIBP@7124'. BOTH PLUGS IN WELLBORE.

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: <input type="checkbox"/> |

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: SI TO RECOMPLETE THE NB & CD

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: 09/21/2012
Perforations Top: 6949 Bottom: 7122 No. Holes: 96 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

COMINGLE 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: 10/04/2012 Hours: 24 Bbl oil: 6 Mcf Gas: 36 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 36 Bbl H2O: 1 GOR: 6000
Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 1100 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1215 API Gravity Oil: 45
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7092 Tbg setting date: 08/27/2012 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: 08/08/2012 End Date: 08/08/2012 Date of First Production this formation: 09/21/2012
Perforations Top: 694 Bottom: 7017 No. Holes: 24 Hole size: 0.71

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF'D 6949-6961', 7005-7017'. FRAC'D W/255761 GAL VISTAR, SLICK WATER, 546 GAL 15% HCL AND 255053# OTTAWA SAND . FLOWBACK 982 BBLS CUMMULATIVE NB & CD

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

Total fluid used in treatment (bbl): 6090

Max pressure during treatment (psi): 4876

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): 0.98

Total acid used in treatment (bbl): 13

Number of staged intervals: 8

Recycled water used in treatment (bbl): 96

Flowback volume recovered (bbl): 982

Fresh water used in treatment (bbl): 5994

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 255053

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: Kathleen Mills
Title: Regulatory Analyst Date: Email: kmills@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|-------------|----------------------|
| 400468323 | WIRELINE JOB SUMMARY |
| 400468324 | WIRELINE JOB SUMMARY |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)