

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-25613-00 6. County: WELD 7. Well Name: CC Open A Well Number: 11-25 8. Location: QtrQtr: NWNW Section: 25 Township: 2N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA Status: COMMINGLED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 05/11/2012 Perforations Top: 6954 Bottom: 7644 No. Holes: 144 Hole size: Provide a brief summary of the formation treatment: Open Hole: []

COMMINGLE JSAND & NB

This formation is commingled with another formation: [] Yes [X] 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: 06/14/2012 Hours: 24 Bbl oil: 70 Mcf Gas: 106 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 70 Mcf Gas: 106 Bbl H2O: 0 GOR: 1514 Test Method: FLOWING Casing PSI: 0 Tubing PSI: 0 Choke Size: Gas Disposition: SOLD Gas Type: WET Btu Gas: 1159 API Gravity Oil: 45 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7584 Tbg setting date: 06/06/2012 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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/09/2012 End Date: 05/09/2012 Date of First Production this formation: 05/11/2012
Perforations Top: 6954 Bottom: 7060 No. Holes: 64 Hole size: 0.73

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

PERF'D 6954-6970', 7044-7060'. FRAC'D W/ 165653 GAL LIGHTNING, SLICK WATER AND 500 GAL 15% HCL, AND 245409# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3944 Max pressure during treatment (psi): 4443

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): 0.91

Total acid used in treatment (bbl): 12 Number of staged intervals: 9

Recycled water used in treatment (bbl): 263 Flowback volume recovered (bbl): 1052

Fresh water used in treatment (bbl): 3681 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 245409 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

Table with columns: Att Doc Num, Name. Total Attach: 0 Files

General Comments

Table with columns: User Group, Comment, Comment Date. Total: 0 comment(s)