

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 05-123-36444-00
6. County: WELD
7. Well Name: Sauer
Well Number: F33-77-1HC
8. Location: QtrQtr: SESW Section: 33 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/11/2013 End Date: 06/11/2013 Date of First Production this formation: 06/25/2013

Perforations Top: 7853 Bottom: 11119 No. Holes: 0 Hole size:

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

FRAC'D W/ 2619477 GAL VISTAR AND SLICK WATER AND 2555690# OTTAWA SAND

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

Total fluid used in treatment (bbl): 62369 Max pressure during treatment (psi): 6854

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): Number of staged intervals: 14

Recycled water used in treatment (bbl): 2765 Flowback volume recovered (bbl): 242

Fresh water used in treatment (bbl): 59604 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2555690 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: 07/02/2013 Hours: 24 Bbl oil: 97 Mcf Gas: 1080 Bbl H2O: 122

Calculated 24 hour rate: Bbl oil: 97 Mcf Gas: 1080 Bbl H2O: 122 GOR: 11134

Test Method: FLOWING Casing PSI: 160 Tubing PSI: 1160 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1223 API Gravity Oil: 5732

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7274 Tbg setting date: 06/23/2013 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:

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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  
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