

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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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: JEAN MUSE-REYNOLDS Phone: (303) 228-4316 Fax: (303) 228-4286

5. API Number 05-123-34678-00 6. County: WELD 7. Well Name: HOFFMAN C 8. Location: QtrQtr: NESW Section: 2 Township: 4N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/22/2012 End Date: 05/22/2012 Date of First Production this formation: 06/01/2012 Perforations Top: 6772 Bottom: 6784 No. Holes: 48 Hole size: 0.4

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

Pumped 224625# of Ottawa Sand and 124824gals of 15% HCL, Slick/Fresh Water Niobrara and Codell formations are commingled.

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

Total fluid used in treatment (bbl): 2972 Max pressure during treatment (psi): 4538 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): 0.85 Total acid used in treatment (bbl): Number of staged intervals: 7 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 300 Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 224625 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: 2 + 3/8 Tubing Setting Depth: 6731 Tbg setting date: 07/20/2012 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-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/01/2012

Perforations Top: 6488 Bottom: 6784 No. Holes: 96 Hole size: 69/100

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

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: 06/04/2012 Hours: 24 Bbl oil: 89 Mcf Gas: 205 Bbl H2O: 50

Calculated 24 hour rate: Bbl oil: 89 Mcf Gas: 205 Bbl H2O: 50 GOR: 2303

Test Method: FLOWING Casing PSI: 980 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1242 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6731 Tbg setting date: 07/20/2012 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: 05/21/2012 End Date: 05/21/2012 Date of First Production this formation: 06/01/2012
Perforations Top: 6488 Bottom: 6582 No. Holes: 48 Hole size: 0.69

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

Pumped 227409# of Ottawa Sand and 167966gals of 15% HCL, Slick/Fresh Water
Niobrara and Codell formations are commingled.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3899 Max pressure during treatment (psi): 4534

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): 0.96

Total acid used in treatment (bbl): _____ Number of staged intervals: 8

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 300

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

Total proppant used (lbs): 227409 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: 2 + 3/8 Tubing Setting Depth: 6731 Tbg setting date: 07/20/2012 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.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: JEAN MUSE-REYNOLDS
Title: REGULATORY COMPLIANCE Date: 9/18/2012 Email jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400323273	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected panels to reflect NBRR and CODL as commingled with NBRR/CODL as producing. Oper. sub. sundry to correct fm. tops.	9/25/2013 8:16:04 AM
Permit	Flowback volume received and split among all zones. Ready to pass. Requested information about Codell top again.	2/8/2013 1:21:20 PM
Permit	On hold. Wrote to operator re: Codell perms from 6772-6784 are above the top of the Codell which is 6786. Corrected the Producing panels to Commingled and the Commingled panel to Producing.	11/26/2012 2:19:18 PM
Permit	On hold. Perfs do not match formation tops	10/24/2012 2:35:52 PM

Total: 4 comment(s)