

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 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 05-123-36884-00 6. County: WELD
7. Well Name: Wells Ranch USX AA Well Number: 23-63HN
8. Location: QtrQtr: SWSW Section: 24 Township: 6N Range: 63W Meridian: 6
9. Field Name: CROW CREEK Field Code: 13610

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/05/2013 End Date: 08/05/2013 Date of First Production this formation: 09/01/2013

Perforations Top: 7302 Bottom: 10001 No. Holes: 0 Hole size:

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

FRAC'D W/ 2303145 GAL PERMSTIM AND SLICK WATER AND 2694854# OTTAWA SAND

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

Total fluid used in treatment (bbl): 54837 Max pressure during treatment (psi): 5432

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): 0.89

Total acid used in treatment (bbl): Number of staged intervals: 15

Recycled water used in treatment (bbl): 2938 Flowback volume recovered (bbl): 5848

Fresh water used in treatment (bbl): 51899 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2694854 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: 09/07/2013 Hours: 24 Bbl oil: 285 Mcf Gas: 278 Bbl H2O: 382

Calculated 24 hour rate: Bbl oil: 285 Mcf Gas: 278 Bbl H2O: 382 GOR: 975

Test Method: FLOWING Casing PSI: 12 Tubing PSI: 111 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1233 API Gravity Oil: 42

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7033 Tbg setting date: 08/25/2013 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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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)