

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



Table with columns DE, ET, OE, ES

Document Number: 400516073

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 05-123-20069-00 6. County: WELD
7. Well Name: Wade Well Number: 7-29
8. Location: QtrQtr: SWNE Section: 29 Township: 8N Range: 59W Meridian: 6
9. Field Name: POMMEL WEST Field Code: 69765

Completed Interval

FORMATION: D SAND Status: PLUGGED AND ABANDONED Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 11/16/2000

Perforations Top: 6694 Bottom: 6700 No. Holes: 24 Hole size:

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

PLUGGED

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: 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: NOT ECONOMIC

Date formation Abandoned: 05/31/2012 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 6602 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/25/2012 End Date: 05/25/2012 Date of First Production this formation: 05/31/2012
Perforations Top: 5970 Bottom: 6092 No. Holes: 64 Hole size: 0.7

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

PERF'D 5970-5986', 6076-6092', FRAC'D W/157193 GAL VISTAR, SLICKWATER AND 1000 GAL 15%HCL, AND 242865# OTTAWA SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3743 Max pressure during treatment (psi): 6895
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): 0.75
Total acid used in treatment (bbl): 24 Number of staged intervals: 9
Recycled water used in treatment (bbl): 263 Flowback volume recovered (bbl): 1081
Fresh water used in treatment (bbl): 3480 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 242865 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/21/2012 Hours: 24 Bbl oil: 17 Mcf Gas: 85 Bbl H2O: 50
Calculated 24 hour rate: Bbl oil: 17 Mcf Gas: 85 Bbl H2O: 50 GOR: 5000
Test Method: FLOWING Casing PSI: 250 Tubing PSI: 265 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1394 API Gravity Oil: 40
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5931 Tbg setting date: 05/31/2012 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: Kathleen Mills
Title: Regulatory Analyst Date: Email kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400516081	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)