

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 05-123-37141-00
6. County: WELD
7. Well Name: WELLS RANCH USX
Well Number: AA27-67-1HN
8. Location: QtrQtr: SWNW Section: 27 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/28/2013 End Date: 09/28/2013 Date of First Production this formation: 10/27/2013

Perforations Top: 7182 Bottom: 11382 No. Holes: 0 Hole size:

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

FRAC'D 3522014 GAL PERMSTIM AND SLICK WATER AND 4325052# OTTAWA SAND

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

Total fluid used in treatment (bbl): 83857 Max pressure during treatment (psi): 6166

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): 0.93

Total acid used in treatment (bbl): Number of staged intervals: 22

Recycled water used in treatment (bbl): 4694 Flowback volume recovered (bbl): 3701

Fresh water used in treatment (bbl): 79163 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4325052 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: 11/05/2013 Hours: 24 Bbl oil: 511 Mcf Gas: 566 Bbl H2O: 198

Calculated 24 hour rate: Bbl oil: 511 Mcf Gas: 566 Bbl H2O: 198 GOR: 1108

Test Method: FLOWING Casing PSI: 540 Tubing PSI: 855 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1363 API Gravity Oil: 40

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6971 Tbg setting date: 10/18/2013 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)