

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

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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 05-123-37324-00 6. County: WELD
7. Well Name: Wolfpack Well Number: B02-64-1HN
8. Location: QtrQtr: NWSW Section: 2 Township: 5N Range: 64W Meridian: 6
9. Field Name: KERSEY Field Code: 44600

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/10/2013 End Date: 10/10/2013 Date of First Production this formation: 11/08/2013

Perforations Top: 7066 Bottom: 10772 No. Holes: 0 Hole size:

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

FRAC'D W/3152523 GAL PERMSTIM AND SLICK WATER AND 3946175# OTTAWA SAND

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

Total fluid used in treatment (bbl): 75060 Max pressure during treatment (psi): 7987
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): 1.03
Total acid used in treatment (bbl): Number of staged intervals: 20
Recycled water used in treatment (bbl): 4294 Flowback volume recovered (bbl): 2527
Fresh water used in treatment (bbl): 70766 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 3946175 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: 11/12/2013 Hours: 24 Bbl oil: 172 Mcf Gas: 1030 Bbl H2O: 239
Calculated 24 hour rate: Bbl oil: 172 Mcf Gas: 1030 Bbl H2O: 239 GOR: 5988
Test Method: FLOWING Casing PSI: 2390 Tubing PSI: 1380 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1132 API Gravity Oil: 40
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6831 Tbg setting date: 11/03/2013 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)